

women's aid

change that lasts

the right response to domestic abuse



Change That Lasts **Impact Briefing**

Findings from December 2018 to December 2019

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Dedication

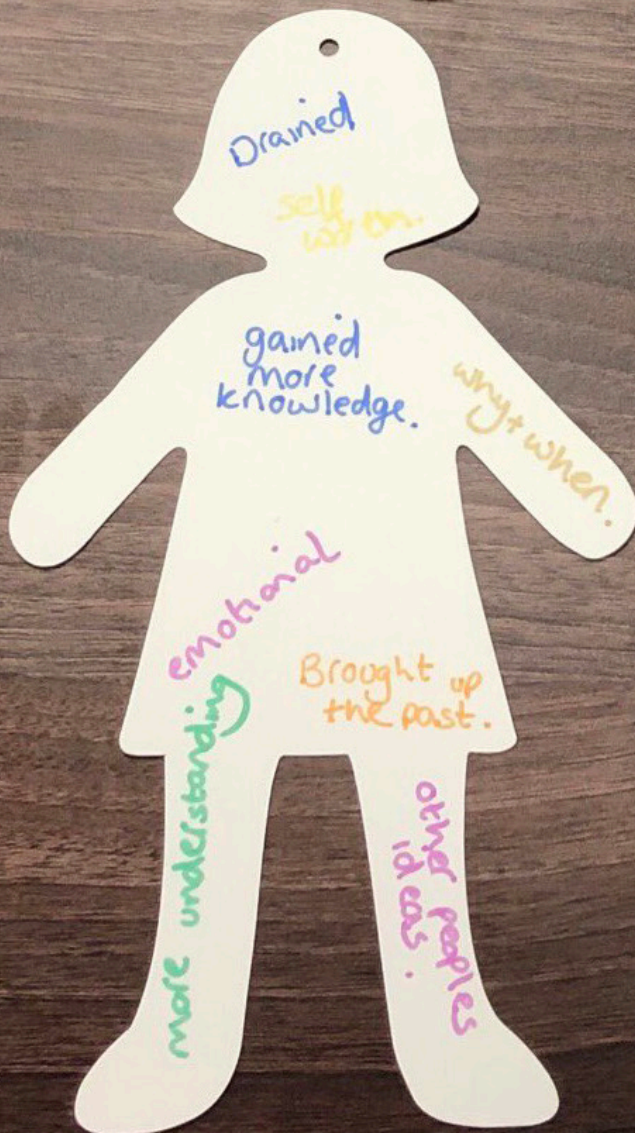
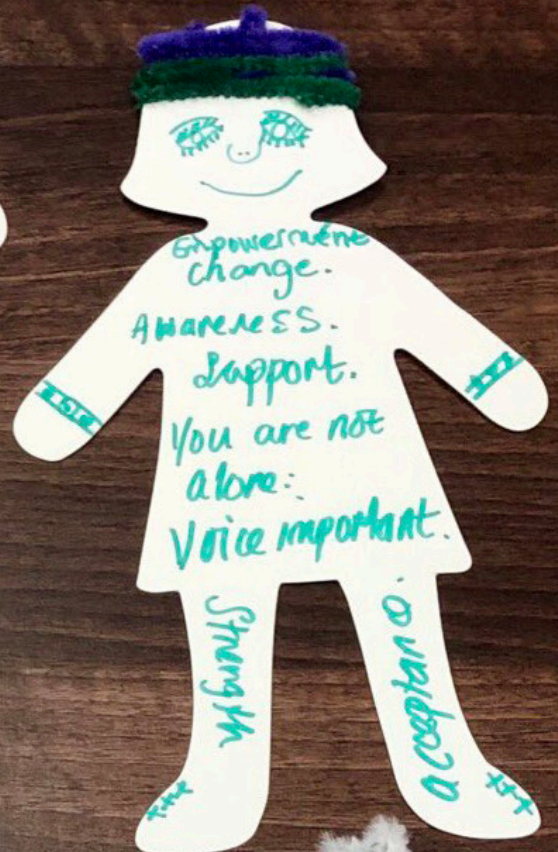
To all Change That Lasts team members since 2017 that have worked hard in piloting and testing Change That Lasts to bring the project to where it is. It would not have been possible without each person's belief in the programme and commitment to ending domestic abuse.

Women's Aid

Women's Aid is the national charity working to end domestic abuse against women and children. Over the past 46 years, Women's Aid has been at the forefront of shaping and coordinating responses to domestic abuse through practice, research and policy. We empower survivors by keeping their voices at the heart of our work, working with and for women and children by listening to them and responding to their needs.

We are a federation of nearly 180 organisations which provide just under 300 local lifesaving services to women and children across the country. We provide expert training, qualifications and consultancy to a range of agencies and professionals working with survivors or commissioning domestic abuse services, and award a National Quality Mark for services which meet our quality standards. We hold the largest national data set on domestic abuse, and use research and evidence to inform all of our work. Our campaigns achieve change in policy, practice and awareness, encouraging healthy relationships and helping to build a future where domestic abuse is no longer tolerated.

Our support services, which include our Live Chat Helpline, the Survivors' Forum, the No Woman Turned Away Project, the Survivor's Handbook, Love Respect (our dedicated website for young people in their first relationships), the national Domestic Abuse Directory and our advocacy projects, help thousands of women and children every year.



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The Change That Lasts approach

The Change That Lasts approach aims to increase the number of women and children living free from abuse by improving the community, professional and specialist responses they receive, from the very first time they speak about the abuse to freedom and long-term safety.

This requires a systems change approach in which statutory and multi-agency leadership and partnership working shifts the response from crisis-driven responses to a holistic, needs-led, package of support; the right response to each individual experience of domestic abuse and violence.

Change That Lasts disrupts the web spun around a survivor by perpetrator(s) with a specialist, gendered approach that includes the whole network of community, professionals and specialist support. The approach ensures that whoever a survivor comes into contact with, they are met with a gendered understanding of domestic abuse and coercive control, a trauma-informed strengths-based and needs-led support, and an awareness of available specialist support. Change That Lasts ensures that everyone works with survivors to build safety. This is done by centring the Space for Action framework.¹

The Space for Action framework recognises ten domains of a survivor's life where their space for action can be narrowed as a result of coercive control. While safety is one of those domains and it is important to increase a survivor's physical safety, emotional safety and other needs such as parenting, money and resources or sense of self/identity are equally as important to address on the journey to independence.

The community response: Ask Me

Data analysis from 25 Women's Aid member services shows out of 1,217 survivors "47% had experienced abuse for 1-9 years", "21% had experienced abuse for 10-19 years" and "13% had experienced abuse for 20 or more years".²

To ensure survivors have access to support as soon as possible, the Ask Me programme has been designed to provide the right response the first time a survivor speaks about their personal experience of domestic abuse, build safer spaces and widen accessibility to support. This is done by creating a network of Change That Lasts Community Ambassadors who raise awareness of domestic abuse; challenge victim-blaming stereotypes and myths around domestic abuse; listen, believe and validate survivors' experiences; share information; and signpost survivors to support.

The professional response: Trusted Professional

A case analysis of domestic homicide reviews by Standing Together Against Domestic Violence (2016), which looked at Domestic Homicide Reviews, found a long list of missed opportunities, where women have disclosed the abuse to a professional and not received an appropriate response.³ For example, in half of the Intimate Partner Homicide (IPH) cases (n=13) the GP missed opportunities to ask about intimate partner violence. Additionally, Women's Aid's Law in the Making project identified that "talking about domestic abuse saves lives, but across our communities and amongst professionals, we still lack awareness and understanding". As a result, a key recommendation survivors made for inclusion in the domestic abuse bill was "compulsory national training for all relevant professionals".⁴

As a result, the Trusted Professional programme is a 360-degree intervention, combining policies and practice reviews with training and development, to ensure that professionals and organisations create space for action for women survivors.

The specialist response: Expert Voices

For the past decade, there has been an increasing adoption of a gender-neutral, risk-based model for service responses to domestic abuse, with the aim of providing a standardised approach. However, there is also a growing literature highlighting the limits to such an approach,⁵ and recognition of problems in service responses. The 2014 HMIC investigation into police responses to domestic abuse has provided evidence of problems in

the criminal justice system response.⁶ There are also indications that the current response is not reducing the rate of domestic abuse.⁷ A focus on risk has been accompanied by an infrastructure of multi-agency partnerships and case conferences.

In turn, as the public purse has shrunk, there has been a reduction in open access and community-based responses, an erosion of trust in survivors as the experts of their own experience, and a well-documented growing crisis of unmet need.⁸ In addition, some service responses have been criticised for marginalising and disempowering survivors themselves.⁹ Specialist led by and for Black and Minority Ethnic services, which work to mitigate the impact of abuse and violence in the context of structural racism, are being stripped away from the service landscape at an unprecedented rate.¹⁰

A controlling and undermining response from a service replicates the way in which the abuser has depleted a woman's own resources. Women need to remain in control of the decision-making process,¹¹ rather than having no idea, for example, about their 'case' going to the Multi Agency Risk Assessment Conference (MARAC).¹²

The Expert Voices framework and tools address this by shifting the focus onto the woman's needs. The programme offers a framework, training and coaching to frontline practitioners in independent, specialist domestic abuse services and reconnects them to their strengths-based, needs-led, trauma-informed approach.

In addition, the following two interventions are being developed to increase space for action for women, children and communities:

- **Change That Lasts for Children and Young People**

This strand will ensure children and young people affected by domestic abuse have a voice across all elements of Change That Lasts and that support is designed to meet their needs.

- **Make a Change Perpetrator Response**

Respect is working in partnership with Women's Aid to translate the Change That Lasts approach into a holistic model of early intervention for working safely and effectively with perpetrators. This specialist work recognises that responsibility for the risks of serious harm posed to others sits with the perpetrator of the harm, and through the Women's Aid expertise retains a focus on being accountable to survivors and increasing their space for action.

This impact briefing reports on the key findings and impact of Ask Me, Trusted Professional and Expert Voices from December 2018 to December 2019.

Previous impact briefings can be found here: www.womensaid.org.uk/research-and-publications



Delivery sites

From December 2018 to December 2019, the Change That Lasts programme was delivered at various sites throughout England.

In that time period, Ask Me was delivered at 15 geographical sites. In Sunderland, Surrey, Nottinghamshire (funded by the National Lottery Community Fund) and Waltham Forest (funded by Waltham Forest Council), it has been delivered by Women's Aid Federation of England (WAFE). In Cambridgeshire, Peterborough, Coventry, London, Manchester, Lancashire, Middlesbrough, Staffordshire, West Mercia and Hampshire, it has been delivered by nine Women's Aid Federation of England specialist domestic abuse member services (eight funded by the Tampon Tax Fund and one by NCLF). In Cambridgeshire and Hampshire member services expanded the programme with further funding from Cambridge Council in Peterborough and the Ministry of Housing, Communities and Local Government (MHCLG) in Hampshire.

Member services that have delivered Ask Me in this time period are Cambridge Women's Aid, Coventry Haven, Jewish Women's Aid, Hyndburn and Ribble Valley (HARV), My Sister's Place, Staffordshire Women's Aid, Stop Domestic Abuse, West Mercia Women's Aid and Rise.

Trusted Professional has been delivered in Surrey, Sunderland and Nottinghamshire (funded by the National Lottery Community Fund) by Women's Aid Federation of England. In some of these sites it has been delivered in partnership with a local specialist domestic abuse member service.

Expert Voices began delivery in September 2019 with seven member services (funded by the National Lottery Community Fund) and the programme was delivered by Women's Aid Federation of England. Member services that are piloting the programme are East Surrey Domestic Abuse Service (ESDAS), Your Sanctuary, Nottinghamshire Women's Aid, Wearside Women in Need, My Sister's Place, Humraaz and Saheli.

Monitoring and evaluation tools

This impact briefing reports on the above sites that delivered Ask Me, Trusted Professional and Expert Voices from December 2018 to December 2019.

In some cases, limitations in data collection processes has meant some geographical sites are not included in the dataset. This has been outlined below. This report is largely based on WAFE's analysis of raw data from all sites. It also includes findings from external evaluators from three geographical sites; Surrey, Sunderland and Nottinghamshire.

Ask Me

WAFE and member services used the same evaluation forms, data collection processes and questions. Where slight differences occurred in questions asked these have been noted alongside findings. All data has been analysed by Women's Aid Federation of England. Member services submitted anonymised raw data to WAFE via Microsoft Excel for all evaluation forms. External evaluators for three WAFE sites (Nottinghamshire, Sunderland and Surrey) led on the data collection of before and after training evaluation forms, and therefore transferred raw data via Microsoft Excel to WAFE.

To find out the number of ambassadors trained each service used their own administration processes and submitted numbers to WAFE. This number includes all geographical sites and delivery services.

Three surveys have been used to track the national impact of Ask Me:

1 | Expression of interest form

This is completed by Community Ambassadors to register interest in the programme. For evaluation purposes this is used to find out the kinds of community spaces Community Ambassadors interact with and their demographics. All geographical site data is included in this dataset, with the exception of Brighton.

2 | Before and after training evaluation form

Community Ambassadors complete these in the first and last ten minutes of training via paper copies. The same questions were used both times to compare levels of knowledge and understanding of domestic abuse. Questions asked were mostly quantitative in nature. All geographical site data is included in this dataset, with the exception of Brighton and West Mercia.

3 | How Are You Getting On (HAYGO) form

These are sent by Ask Me Coordinators via a SurveyMonkey link three months after training for Community Ambassadors to record their activities. Questions asked are mostly quantitative in nature with a few open-ended qualitative questions. All geographical site data is included in this dataset.

These HAYGO forms provide information from those Community Ambassadors that are likely to hold higher levels of engagement. Therefore, findings on Community Ambassadors' long-term impacts also take into account findings from the external evaluation of three geographical sites, in which three month post training interviews have also been carried out with Community Ambassadors.

Trusted Professional

All data from all sites in which delivery took place are included in this impact briefing: Surrey, Nottinghamshire and Sunderland. Four monitoring and evaluation tools have been used:

1 | Trusted Professional log

This is an internal Women's Aid Federation of England log that was used to calculate the number of professionals that completed the training.

2 | Focus Groups

These were carried out with survivors of domestic abuse who had received support from organisations taking part in the Trusted Professional programme. Questions were asked in a semi-structured format. Details on the aims, number of focus groups and number of participants can be found alongside findings in the Trusted Professional section of this report.

3 | Before and after training evaluation forms

These were completed ten minutes before training and ten minutes immediately after training by professionals. Through paper hard copies, quantitative data was collected to find out levels of knowledge, understanding, confidence and skills in responding to domestic abuse. Paper copies were then sent to external evaluators who input data into online statistic software. This cleaned dataset was then sent to Women's Aid Federation of England which analysed data for the purposes of this report via Microsoft Excel. Further details can be found alongside the findings later in the report.

4 | How Are You Getting On forms

These were also completed by professionals, three months post training. They were completed in private and online, via SurveyMonkey. HAYGO forms were introduced this year for the first time. They collected mostly quantitative data and three open-ended qualitative based questions. Data was analysed on Microsoft Excel. More information on the questions and response rate can be found alongside the findings.

Expert Voices

Expert Voices is being evaluated by the Connect Centre at the University of Central Lancashire. More details can be found in the section 'External evaluation of three geographical sites'. This impact briefing reports on reflection reports submitted by three out of seven member services. All questions asked were open-ended questions to gather qualitative data on what is working well and what could be improved in the framework and tools. Data has been analysed through a thematic analysis, with the use of Microsoft Excel.

Ask Me

Women's Aid and Welsh Women's Aid worked in partnership to build the Change That Lasts in communities programme, Ask Me.

Ask Me is a programme which provides 12 hours of free training and community organising opportunities to self-selecting members of communities. Opportunities for training and community engagement activities are available in the following areas: raising awareness of domestic abuse, challenging victim-blaming stereotypes and myths; listening, believing and validating survivors' experiences; sharing information and signposting survivors to access support. After training, people become Community Ambassadors.

Training takes place in community accessible venues and community engagement opportunities come in the form of Community Ambassador

meet ups, national newsletters, online group spaces, campaigning opportunities and fundraising opportunities.

Community Ambassadors also take the training forward through their own organising initiatives, involving awareness-raising activities, campaigning and fundraising activities.

From the start of the programme up until December 2019

1,164
Community Ambassadors
have been trained.



Who are Community Ambassadors?

From December 2018 to December 2019

719
Community Ambassadors
were trained.

We asked them 'In which spaces do you interact with people most in your day to day life?' We found that Community Ambassadors occupied a wide range of community spaces.

Data were analysed from the three NCLF geographical sites: Surrey, Sunderland and Nottinghamshire. 173 Community Ambassadors were trained and all expression of interest forms received. 86.7% (150 out of 173) Community Ambassadors responded to this question. As people often mentioned more than one space, the total here is 281 responses from 150 Community Ambassadors, which we separated into different themes.

These spaces are opportunities to challenge the cultural acceptance of domestic abuse, by raising awareness, challenging victim-blaming stereotypes and attitudes, and/or supporting a survivor or a survivor's friend/family member. These spaces give us just a small idea of the large variety of spaces where Community Ambassadors can connect with people. The number in brackets indicates the number of times that theme was mentioned. The spaces Ambassadors interact with people included:

- **Community spaces (22):** Out and about in the community, libraries, shops, restaurants, cafes.
- **Community groups (11):** Knitting groups, choir, photography group, mum and baby group.
- **Immediate family & friends (29):** family home, foster carers, social circle, in people's homes.
- **Educational spaces (19):** with academics, school runs/school yard, university spaces and accommodation.

- **Workplace (46):** with colleagues, clients, in the office. Professions included a councillor and a solicitor and places of work included restaurants and on a children's ward.
- **Volunteering (8):** at a community foodbank, various charities.
- **Health/wellbeing (16):** GP surgery, hospital, gym, running groups, tennis, yoga, bowls.
- **Religious institutions (6):** church, mosques, chaplain.
- **Online (49):** Facebook, Instagram, Twitter, Snapchat, online forums.
- **Police/judiciary (5):** court, police forces, coroner's office.
- **Other (24):** vets, in a refuge, housing providers, the Deaf community.
- **Ways of interacting (46):** by phone, email, text, face to face.

One Community Ambassador replied:

"I'm an admin for a photography group with over 100 women sometimes domestic violence is discussed or other behaviour that women do not see as abusive."

Demographics

586 (81.5%) Community Ambassadors trained during this time period completed an expression of interest form.

Of the 586 Community Ambassadors' responses, 88.1% identified as women, 78.3% identified as heterosexual, 73.7% identified as White/White British and 81.6% identified as not having a disability. This highlights that the majority of Community Ambassadors are White/White British heterosexual women who do not have a disability. They are also more likely to be a particular age. 45.6% of Ambassadors were from 35 to 54 years of age. 0.2% identified as trans/transgender or having a trans history.

In relation to Community Ambassadors' ethnicities, the highest ethnicity reported after White/White British was Asian/Asian British (6.5%). Of those identifying as Asian/Asian British, the majority of people identified as Indian, followed by Pakistani and then Bangladeshi. Ethnicities that are particularly underrepresented are people who identify as Black/African/Caribbean/Black British African (3.2%), Mixed/multiple ethnic groups (2.2%), Gypsy or Irish Traveller, Chinese and Arab. Gypsy or Irish Traveller, Chinese and Arab people were in particularly low numbers or none at all.

The majority of Community Ambassadors identified with a faith/religion (48.5%/284) compared to 35.3% (207) who reported no faith/religion or were atheist. Christianity was the largest faith held (21.5% of 586), and Islam, Buddhism, Hinduism, Sikhism, Judaism, Church of England, Roman Catholicism and Spiritualism were reported in a smaller range. These faiths ranged from 0.7% (Sikhism) to 9.2% (Judaism).¹³

Other data gathered to monitor the accessibility of the programme were on caring responsibilities and

employment status. 45.1% held caring responsibilities and 41.6% did not, with 13.3% preferring not to say. For those with caring responsibilities, mostly this was caring for children under 18, with smaller numbers caring for children under five or an elderly or disabled person. This indicates that the programme is accessible to those with caring responsibilities.

158 Community Ambassadors were employed full-time (26.5% of 597 responses) and 125 (20.9%) were employed part-time. A range of other employment statuses included students, homemakers and unable to work. Responses for these ranged from 1.7% (unable to work) to 8.4% (student).¹⁴

See Appendix B for a full breakdown of demographic data.

Overall, Community Ambassadors' demographic make-up shows that minoritised people are particularly under-represented within the Community Ambassador network. Further work is needed, together with specialists, to expand the accessibility of the programme.



Immediate impact of the training

645 (89.7% of 719 Community Ambassadors trained) Community Ambassadors trained in this time period completed before and after training evaluation forms. These measured levels of knowledge and understanding of domestic abuse, victim-blaming stereotypes and myths, and confidence and skills in the role of a Community Ambassador. Two sets of questions were asked with self-rating scales.

The first set of questions are outlined in the table below. Community Ambassadors rated themselves on a scale of 1=Very Low, 2=Low, 3=Okay, 4=High and 5=Very High. Data has been analysed to find out the average rating of all Community Ambassadors before training, after training and the level of change between both time points.

Table 1 | Average ratings of understanding, confidence and skills in responding to domestic abuse before and after training

	Average rating before training	Average rating after training	Change in average rating from before to after training
How would you rate your ability to understand patterns of coercive control and domestic abuse?	3.3	4.5	+1.2
How confident do you feel to start a conversation about domestic abuse with others?	3.2	4.5	+1.3
How do you currently rate your skills and ability to manage and respond to someone sharing their personal experience of domestic abuse?	3.0	4.4	+1.4
How confident do you feel in using your skills to share information and help signpost a survivor of an abusive relationship to get support?	3.1	4.6	+1.5

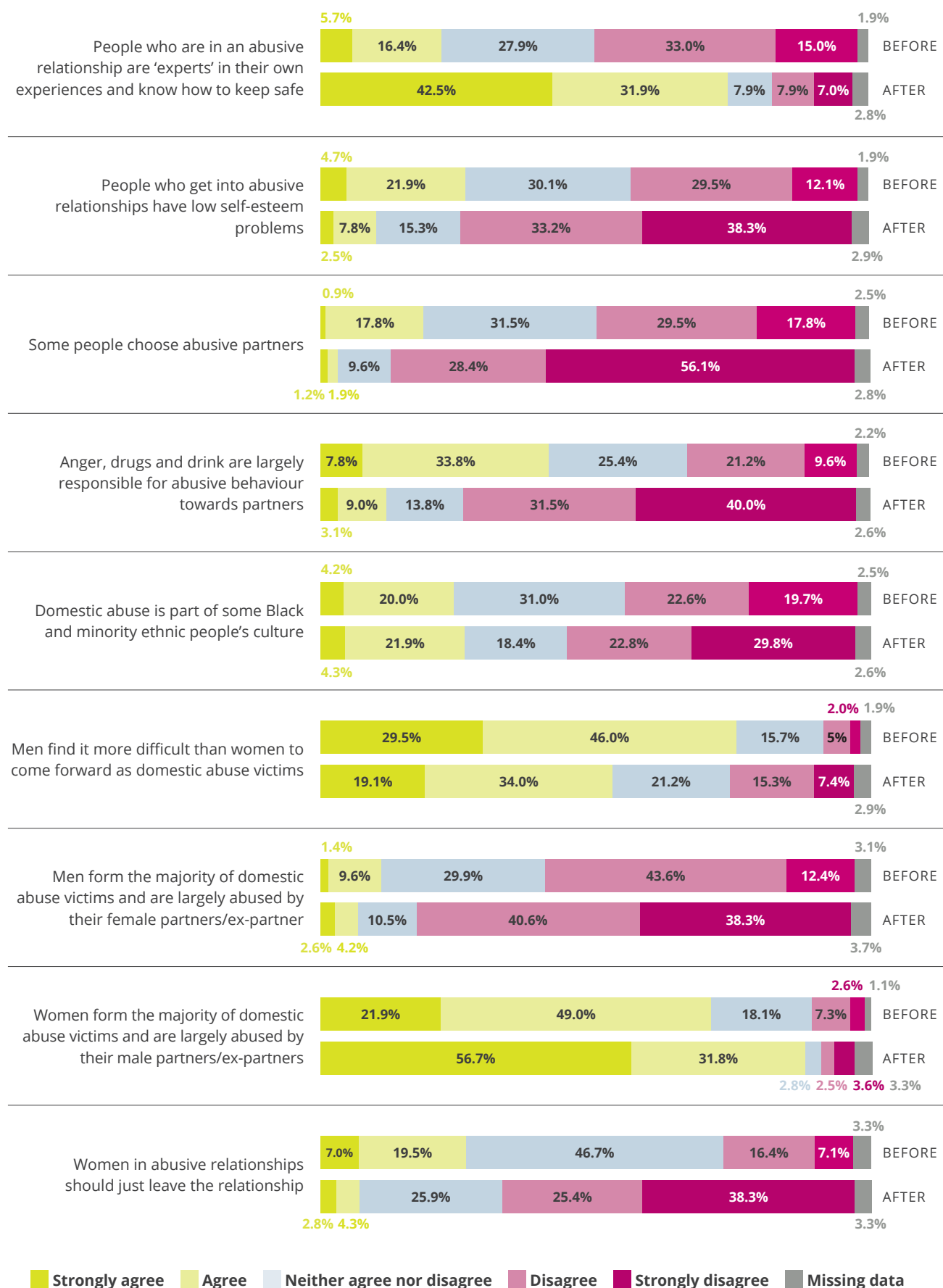
In addition to the above average ratings, we also found across all four questions, the majority of people (between 61.4% and 73.0%) rated themselves a 3 or below, before training. The statement that stood out with particularly low confidence ratings was, "How do you currently rate your skills and ability to manage and respond to someone sharing their personal experience of domestic abuse", with 73.0% rating themselves a 3 or below (very low, low or okay). After training, the vast majority of people (from 91.0% to 95.2%) rated themselves as high to very high across all four questions. See Appendix C for detailed data analysis.

With the average rating after training being high to very high, alongside the significant levels of change before and after training it can be argued that the training has significantly increased people's knowledge, confidence and skills in responding to domestic abuse and as a result

putting them on the path to be able to carry out the role of a Community Ambassador.

Furthermore, confidence in skills to share information and signpost a survivor to get support changed the most (+1.5), showing people feel much more confident and equipped with practical skills in signposting survivors.

The second set of questions consisted of nine statements to find out the extent to which Community Ambassadors believed victim-blaming stereotypes and myths around domestic abuse. The statements looked at people's understandings of the causes of domestic abuse, the gendered nature of abuse and common racist beliefs surrounding understandings of domestic abuse. These attitudes and myths are common and contribute to the victim blaming that survivors tell us is widespread in society, and can be obstacles in speaking out about abuse or accessing services.

Bar Chart 1 | Community Ambassadors' beliefs about domestic abuse before and after training

Gendered understandings and causes of domestic abuse

To explore participants' understandings of the gendered nature of abuse three statements were presented. Respondents were asked to what extent they agreed with each statement.

Before training, most participants showed a high level of understanding in relation to the first two statements: 'men form the majority of domestic abuse victims and are largely abused by their female partners/ex-partners' and 'women form the majority of domestic abuse victims and are largely abused by their male partners/ex-partners'. 70.9% of people correctly agreed or strongly agreed that women form the majority of victims of domestic abuse, and 56.0% of people disagreed or strongly disagreed that men form the majority.

Significant shifts in both questions took place for those Community Ambassadors who neither agreed or disagreed before training. 18.1% of people neither agreed or disagreed that 'women form the majority of domestic abuse victims and are largely abused by their male partners/ex-partners', reducing to 2.8% after the training. Similarly, 29.9% of people neither agreed or disagreed that 'men form the majority of domestic abuse victims and are largely abused by their female partners/ex-partners', reducing to 10.5% after training. This indicates that the training does increase people's understanding of the gendered nature of domestic abuse.

The third statement 'men find it more difficult than women to come forward as domestic abuse victims' reduced from 75.5% of Community Ambassadors agreeing or strongly agreeing before training to 53.0% after training. We would have expected less people to strongly agree or agree after training and found this statement to be the myth that shifted the least, with the majority of respondents still believing this myth. This indicates that further exploration on this statement with Community Ambassadors is required.

Participants improved their knowledge of the causes of domestic abuse. Before training 41.6% believed 'Anger, drugs and drink are largely responsible for abusive behaviour towards partners' compared to 12.1% after the training.

Victim-blaming

A common response that survivors experience is "why don't you just leave" the abusive relationship, and as a result blaming the woman rather than looking at the perpetrator or perpetrators' behaviours. Before training, 26.5% of respondents agreed or strongly agreed with the statement 'women in abusive relationships should just leave the relationship'. After training, this reduced to just 7.1%.

There was also significant change in the victim-blaming attitude 'some people choose abusive partners.' 18.8% of people agreed or strongly agreed with this at the start of the training, which reduced to 3.1% after training.

Survivors as experts in their own experiences

48.1% of people at the start of training disagreed or strongly disagreed with the statement 'people who are in an abusive relationship are 'experts' in their own experiences and know how to keep safe', which reduced to 14.9% after training.

There was also a shift in the myth that 'people who get into abusive relationships have low self-esteem problems'. Before training, 26.5% of people agreed or strongly agreed with this statement, which reduced to 10.2% after training.

Racist beliefs

The Ask Me training aims to challenge racist beliefs which manifest in how people perceive domestic abuse and respond to survivors. We ask if people agree with the statement 'domestic abuse is part of some Black and minority ethnic people's culture'. A significant proportion of people agreed or strongly agreed with this statement at the start of the training (24.2%).

Responses after training show a mixed picture in people's understanding. The number of people who strongly disagreed increased from 19.7% to 29.8%. However, the percentage of respondents agreeing or strongly agreeing with this myth increased by 2.0%, from 24.2% to 26.2%.

We believe that although there has been a slight increase in people's understandings, 29.8% of overall participants not holding racist beliefs is still low.

Trainers and Community Ambassadors have fed back anecdotally that often Community Ambassadors are confused by this question as it is an ambiguous statement that is read in different ways.

As it can be interpreted differently by different people we believe it does not accurately measure racist beliefs. As a result, we are not drawing any conclusions from this, however this shows that further work is needed to measure racist beliefs more accurately.

Community Ambassadors' community impact

To be able to monitor the impact of Ask Me, Community Ambassadors report on their community engagement activities through the HAYGO form. Community Ambassadors are asked to complete this either monthly or three months post training, for one year.

In the period from December 2018 to December 2019, 424 HAYGO forms were received. This represents a snapshot of activities Community Ambassadors carried out. Feedback from Ask Me Coordinators and posts on social media have given a strong indication that there is a wide variety of activities being carried out that this HAYGO form is unable to capture.

HAYGO forms are a way of Community Ambassadors logging their activities in a quantitative format and as a result these are rolling numbers.

Connecting with survivors

Community Ambassadors had **1,554+**¹⁵ conversations about domestic abuse.

775+¹⁶ of these conversations were with a survivor of domestic abuse about their experience.

For **269** survivors it was the first time they had spoken about the abuse.

465 survivors shared that the abuse happened in the past.

296 survivors shared that the abuse was happening now.



The ways in which survivors knew Community Ambassadors was as:

Friends or family members	152
Colleagues	84
Clients or customers	8
Online social media network	38
Other	33



The lengths of the abuse that survivors experienced ranged from:

less than 1 year	127
1-5 years	218
5-10 years	143
10+ years	101
I don't know	185



In **51.6%** of the 424 HAYGO forms received, Community Ambassadors shared information and/or signposted survivors to support.

We also asked Community Ambassadors to tell us more about their experiences of sharing information and/or signposting survivors to support.

“It’s amazing to witness how many people I have been engaging with since I have become the community ambassador. Wherever I go whether it’s a supermarket, family get together, friends party, an event, hospital or nursery no matter where I always bring the topic for domestic abuse. Yes I have sign posted few women they were very new to me and I met them like in town centre or in a public place, so I did not give them my name, to be just on the safe side.”

“Gave numbers of contact to Women’s Aid and gave them copy of the abuse wheel for reference.”

“I always give them all the information about Coventry Haven Women’s Aid and Women’s Aid. Also with the helpline numbers. As they are free to contact and even if they contact or not but at least they know that the services and help is available so in future if they are stuck they know where to get the help from.”

“I spoke with 2 women and one man who have disclosed to me after seeing posts of mine on social media and after talking about the ambassador role at work. I have also set up an Instagram account to raise awareness of relationship abuse in young people.”

“Passed on the 2 power wheels and the National DV helpline number.”

Community Ambassadors’ activities are showing that they are connecting with survivors who are then speaking about the abuse, and often for the first time. This suggests that the way Community Ambassadors create a space allows survivors to feel safe to disclose.

The length of abuse survivors experienced varied, often taking place over many years, with over a hundred survivors sharing that the abuse had taken place for ten years or more.

These activities are also showing that Community Ambassadors are connecting with a range of people in their networks and spaces that they interact with in their day to day life.

The most common ways survivors knew Community Ambassadors was as family or friends. This indicates that these connections are an important part of the community response to domestic abuse. Spaces for survivors to speak about the abuse are important in survivors’ journeys of healing, whether the abuse is happening now or it happened in the past.

Community Ambassadors are going on to share information and/or signpost survivors to access support. The quotes above give us an indication of how Community Ambassadors are doing this, showing that it is at a survivor’s pace and that they are adopting the practice of recognising survivors as experts of their own experience and needs. Furthermore, they provide an indication that Community Ambassadors are practicing what they learnt in the training e.g. centring of the Space for Action tool when connecting with survivors, to ensure they get the right response the first time.

Awareness-raising activities

Community Ambassadors also logged whether they had carried out any of the following activities and the number of times they did so.

6,239 awareness-raising activities were carried out by those Community Ambassadors that sent a HAYGO form



928 challenged victim-blaming/ myths and stereotypes about domestic abuse, either online or in conversation

"I have started conversations about victim shaming in peer support group / family / friends and left posters in MANY community centres, sports halls etc. I have also actively researched and found media bias info on DV." (WAFE member organisation)

"I really enjoyed being part of something so important. Very impressed with how receptive people are to the conversation about DV and how quickly you can dispel myths and victim blaming."

"I have been sharing posts on Facebook, from Women's Aid and also retweeting tweets. On one of my Facebook posts I challenged somebody who made a victim blaming comment, they acted positively to it and actually thanked me for educating them."



1,378 talked about the training and their role as an Ask Me ambassador

"Everyone I have spoken to about the course and what I had learnt all were very interested and would mention about someone they had known who had been in a difficult situation."



181 wore an Ask Me badge/ lanyard/used the Ambassador email footer

"Wear my 'Ask Me' badge everyday."



381 gave out/put up a poster/ leaflet/sticker/business card

"I've been leaving the telephone number to Women's Aid in public women's bathrooms."



788 used social media to raise awareness about domestic abuse

"Sharing social media posts, talking to people through general conversations by having the Ask Me on my Facebook profile, a few people have private messaged me and I have passed on Coventry Haven Women's Aid number."



786 developed their understanding of domestic abuse/ violence against women and girls

"I've followed more organisations nationally and globally that offer support and information about DA against women and girls."



520 gave information to someone else about becoming an Ask Me Ambassador

"Successfully got Wearside Women in Need to come and speak at my workplace, resulting in more people taking up the Ask Me Ambassador training."



142 attended an event or a meet up

"Participated in a White Ribbon Day event and continued to wear the white ribbon on my jumpers."

"In whichever event I go, I ask specially for a slot to speak about the cause and create awareness about domestic abuse."

"I made a banner that read 'STOP ABUSING WOMEN' and marched from the transport museum in Coventry to The White Ribbon Event."



376 have got more involved with their local service/Women's Aid (registering for the newsletter, following on social media)

"I collected donations of toiletries for service users and their families with my choir and dance groups. This helped highlight my role as an ambassador and open up conversations around abuse."



118 signed a petition

"I have signed numerous petitions online."

It is clear to see a significant number of awareness-raising activities have taken place, and a wide range in types of activities, both online and in person.

One activity that stands out is the high number of times that Community Ambassadors have given information to someone else about becoming a Community Ambassador. Furthermore, the quote illustrates that many do attend a training. This indicates that Community Ambassadors are furthering their footprint and impact towards ending domestic abuse, and contributing to the strengthening of an early intervention approach through expanding the Community Ambassador network.

Additionally, a key aim of the Ask Me training is to challenge victim-blaming and stereotypes about domestic abuse. As seen in the section 'immediate impact of the training' there were large reductions in Community Ambassadors believing victim-blaming statements. The HAYGO responses indicate that Community Ambassadors are applying that knowledge through awareness-raising activities and challenging cultural acceptance in their networks.

Trusted Professional

The Trusted Professional programme offers a gold standard intervention to help organisations meet the needs of adult women survivors of domestic abuse. Led by the voices of women who need and use the organisation, the Trusted Professional programme is a robust, systemic 360 degree review of how the organisation can create change for survivors and challenge the invisibility of perpetrators' behaviours and choices.

A core component of the Change That Lasts approach, Women's Aid Federation of England has been piloting, innovating and developing the Trusted Professional programme since 2017.

The programme brings together frontline staff, managers and specialist independent domestic abuse services to review organisation practice, policies and procedures, develop supervision and support protocols for staff and create a whole system approach where staff have empathy and understanding of the needs of survivors, which translates into an environment where survivors are confident that they will get the right response.

It is an integral part of an early intervention and prevention response, and equips professionals to create space for action for survivors and 'do no harm' within a trauma-informed, strengths-based, needs-led framework for service delivery.

Who are Trusted Professionals?

From the start of the programme up until December 2019

384¹⁷
professionals
have been trained.

From December 2018 to December 2019, 113¹⁸ professionals were trained across Nottinghamshire, Sunderland and Surrey. In this year, the 360 degree organisational Trusted Professional model was delivered with community health services for mothers and children, and children's services in the form of parenting support.

Demographic data was collected via a training registration form, however due to data collection issues, in which many people did not complete the form before training, there was a large volume of missing data. Therefore, demographic data has not been included here.

What survivors told us they need from professionals

The starting point for the Trusted Professional programme is finding out survivors' experiences of support with the organisation, before training and development of staff. This allows for feedback from survivors to be included into the organisational training, policy and practice reviews, and as a result training and development to be closer aligned to the needs of the organisation.

A focus group was carried out at each organisation. Each focus group consisted of between three to seven women. In total, across all organisations 23 women participated. We did not collect equalities data and therefore cannot report on the different women that participated. We are working to improve this going forward.

To ensure the anonymity and confidentiality of the organisations, this report highlights common findings across the organisations. Survivors' experiences of the organisations varied. In some focus groups survivors mainly shared aspects of support that worked well for them, whilst in others survivors reported mainly aspects that did not work well for them.

Themes that were highlighted across the organisations were:

- Consistent support from one worker worked well. This meant that women did not have to keep re-telling their experiences and allowed for more opportunities to build trust. In some

organisations survivors received consistent support however in others workers changed frequently, which significantly impacted being able to receive the support needed.

- Survivors felt comfortable to disclose experiences of domestic abuse in those organisations where they did not feel blamed, did not feel judged, and felt listened to.

“I think they should be listening more and not assuming things and not writing things down which is not true.”

“I can talk to her like a friend, and you know there is no judgement. There is that much of a bond there it doesn't matter what you tell her, she still isn't going to judge.”

- Being offered a private and confidential space to speak was important as a choice for women. This allowed women to feel more physically and emotionally safe when speaking about distressing experiences.
- Being referred into a specialist domestic abuse service to access further support would have been helpful. Across the majority of focus groups women were not offered a referral to a specialist domestic abuser service. Many women stated that specialist domestic abuse counselling and/or an advocate would have been helpful in their journeys to safety and healing.
- Some women did not feel they held power, control and choice in their support journeys.

Examples were given about ways in which professionals had spoken to GPs or schools without telling the woman or consulting with the woman about their concerns. These actions often put barriers in place for women.

One survivor stated,

“If that was a concern she could of spoke to the me as the parent and not the school...I don't trust anybody now, they take the information and then afterwards do this.”

- Responses to Black and minoritised women did not provide the support they needed.

Judgements of Asian culture by professionals of the same heritage and those who were White British meant that Black and minoritised women did not get support which was led by their needs. Furthermore, the support caused more harm.

“She was just like no no no it is just Asian culture but abuse is abuse. She didn't help me so it took longer for me to get through. It was more about what she knew from her culture than what was right for me at the time. She wasn't protecting me. She thought I was protecting her. But she wasn't protecting me.”

One woman spoke about how a white professional was judgemental and felt that it was because she was an Asian woman.

“I found him to be a little bit judgemental at times...I found that when he was watching the children, we were playing as well, it was OK, but I felt sometimes when he would ask me questions he was looking down at me, I sometimes found him to be judgemental. They had to do a parenting assessment on me, he had to tick boxes, he was watching how you interact with the kids. Some sessions I thought were OK, but some sessions I didn't want to do anymore sessions with them. Very judgemental or watching how the kids are playing, you can't do anything, he's writing stuff down, don't know what notes he is writing down.”

Overall, across all organisations there were ways in which survivors could be supported better and all women agreed that training and development of professionals was essential to ensuring they received the right support as early as possible.

Immediate impact of the training

To evaluate the delivery of the programme, professionals completed an evaluation form before and after training sessions.

Of the 113 professionals trained, 101 (89.3%) professionals completed these.

The forms ask professionals to rate their knowledge, understanding, awareness and confidence in skills. The questions specifically seek to address: (1) understanding the gendered nature of domestic abuse (2) applied knowledge and awareness of domestic abuse (i.e. being survivor-centered, barriers to disclosure and help seeking, needs of children impacted by domestic abuse, where to signpost to and organisational policies and practices) and (3) confidence in skills in responding to domestic abuse.

1 | Understanding the gendered nature of domestic abuse; and

2 | Applied knowledge and awareness

External evaluators, the Connect Centre at UCLAN, have carried out a data analysis on the same dataset. They found “quantitative data indicates ongoing positive improvements in many aspects of participants’ knowledge and confidence immediately post-training”.¹⁹ More specifically, they highlighted that “the training had an immediate impact regarding improving practitioners’ understanding of: coercive control, the impact of trauma, and patterns of power and control in DVA.”²⁰ and as a result “some shift in understandings of the gendered nature of DVA”.²¹

In relation to applied knowledge and awareness, the Connect Centre noted increased understanding that service users are experts in their own experiences (being survivor-centered), increased knowledge about how professional status and identity can act as a barrier to disclosure (barriers to disclosure and help seeking), and increased knowledge of the needs of children impacted by domestic abuse.²² Alongside these questions some additional questions were asked to build more robust conclusions and test levels of being survivor-centered, knowledge and understanding of barriers to disclosure and to help seeking. The vast majority of additional questions showed the same pattern: that after training more professionals hold increased levels of knowledge,

understanding and awareness on the gendered nature of domestic abuse, being survivor-centered and better knowledge and understanding of the barriers to disclosure and help-seeking (see Appendix D for before and after training percentages).

Four questions showed insignificant increases in levels. These were on understanding emotional abuse, understanding how disputes over child contact can result in danger to children and the non-abusive partner, ‘it is better to not ask about domestic abuse if I worry about not understanding someone’s culture’ and understanding organisational policies (see Appendix D for before and after training percentages). External evaluators note that understanding of emotional abuse was significantly high before training.²³ They also noted the other three questions as potential areas of programme improvement.²⁴

3 | Confidence in skills in responding to domestic abuse

The main aim of the Trusted Professional programme is that professionals hold practical skills to be able to provide survivors with the right response the first time. The start of building those practical skills is in ensuring professionals hold confidence in their skills after training. Therefore this impact briefing will take more of an in-depth look at confidence in skills.

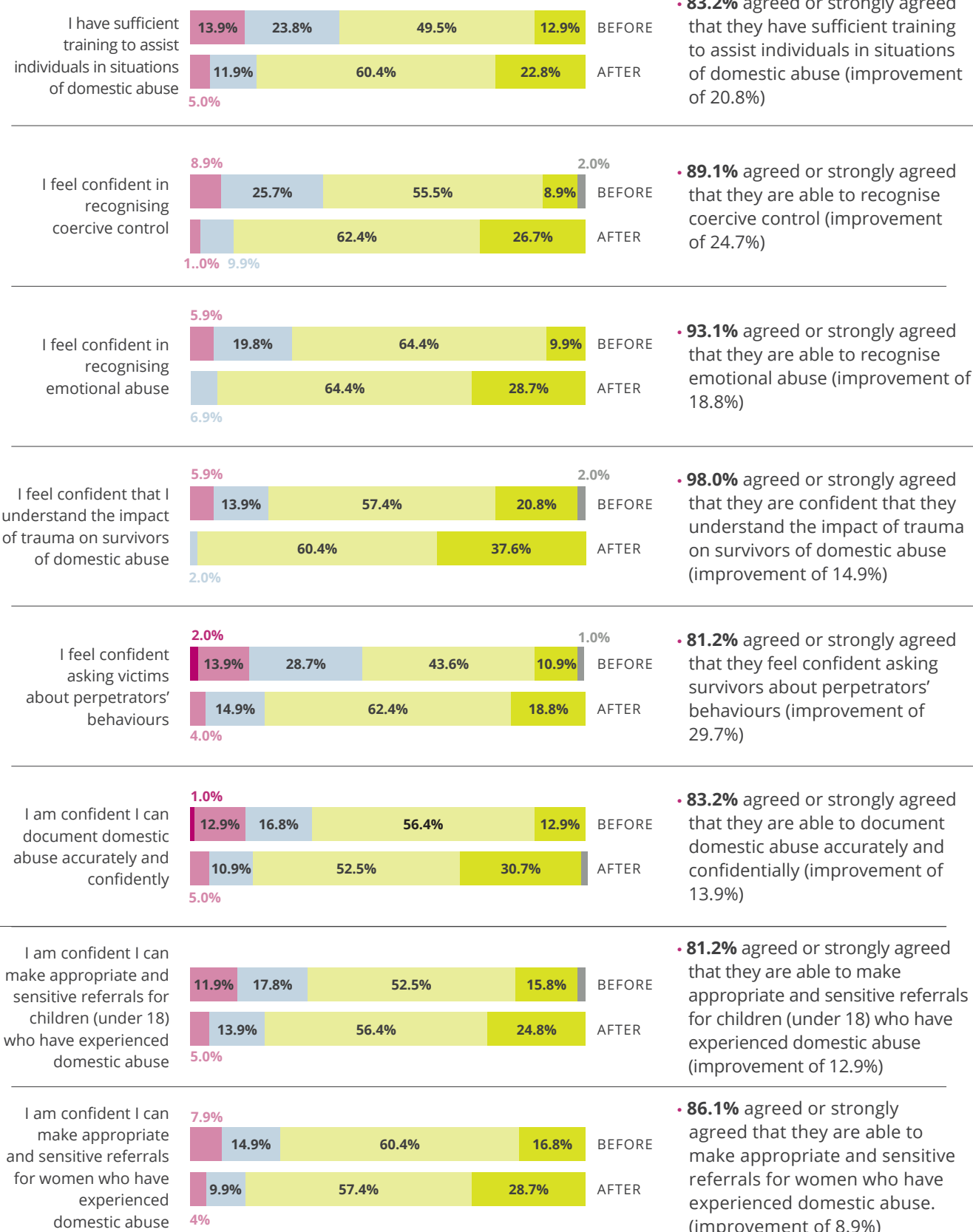
It is important to note when considering the levels of shifts before and after training, that a limitation of self-rated before and after surveys is that before training people often over-estimate their levels of knowledge, confidence and skills. 88% of professionals that completed training evaluation forms also told us they had received domestic abuse training in the last twelve months that was two hours or more.²⁵ It is likely that the number of high self-ratings before training are a result of not being aware of a different form and depth of knowledge available on responding to domestic abuse that the Trusted Professional training provides.

Twelve questions were asked in order to find out professionals’ levels of confidence in skills to respond to domestic abuse. Eight questions held ratings of strongly disagree to strongly agree and four questions held rating from very little to a lot.

Bar Chart 2 | Professionals' confidence in skills to respond to domestic abuse before and after training

In these eight questions professionals were asked 'please indicate how much you agree or disagree with the following'.

After training:



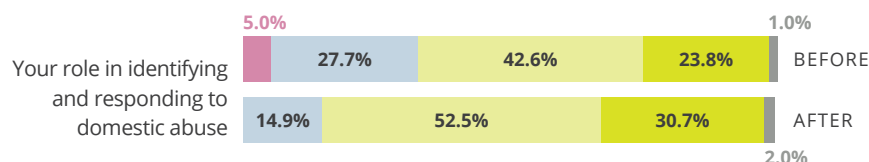
Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Left blank

Bar Chart 3 | Professionals' confidence in skills to respond to domestic abuse before and after training

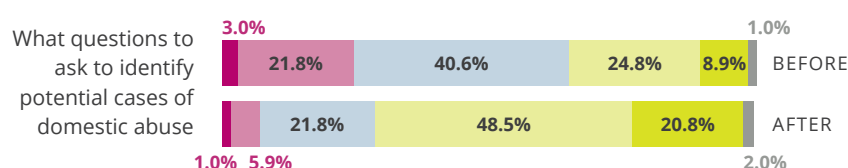
For four of the questions professionals were asked 'please indicate how much you feel you know about the following.'

After training:

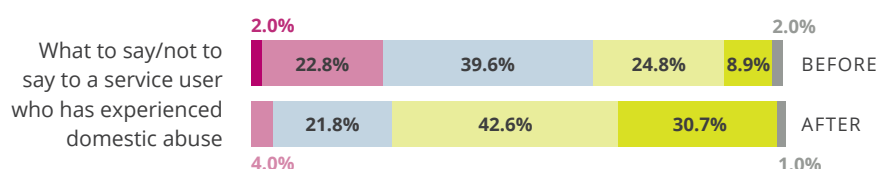
• **83.2%** of professionals felt they knew quite a bit or a lot in their role in identifying and responding to domestic abuse (improvement of 16.9%)



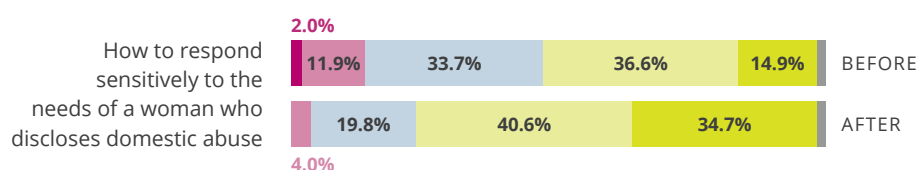
• **69.3%** felt they knew quite a bit or a lot about what questions to ask to identify potential cases of domestic abuse (improvement of 35.6%)



• **73.3%** felt they knew quite a bit or a lot about what to say/not to say to a service user who has experienced domestic abuse (improvement of 39.6%)



• **75.2%** felt they knew quite a bit or a lot about how to respond sensitively to the needs of a woman who discloses domestic abuse (improvement of 23.7%)



Very little A little Some Quite a bit A lot Left blank

Overall, training resulted in improvements in professionals' confidence in their skills and abilities to respond appropriately to survivors experiencing domestic abuse. The highest level of improvements, with over a third of people with higher self-ratings, were in knowing what questions to ask to identify potential cases of domestic abuse, and what to say/not to say to a service user who has experienced domestic abuse.

The next highest level of shifts in self-ratings, with approximately a quarter of professionals shifting, were in professionals' self-confidence in asking survivors about a perpetrator's behaviours; abilities to recognise coercive control; and responding sensitively to the needs of a woman who discloses domestic abuse.

These findings show that after training professionals feel more confident to support survivors of domestic abuse well, and that it goes beyond improved knowledge and awareness of domestic abuse, to professionals feeling confident that they have the skills to use in their everyday roles.

Impact three months post training

Professionals let us know how they are getting on, three months after the training, through completing a 'How Are You Getting On' form. Most professionals from December 2018 to December 2019 were trained in October, November and December 2019. As a result, only one cohort of professionals, trained in June 2019, were due to let us know how they were getting on. Four professionals responded and took forward the training in the following ways:

Asked about domestic abuse **seven** times

Received **four** disclosures

Carried out **30** Trusted Professional activities

These activities included providing information (e.g. phone numbers, pamphlets) 18 times, documenting a service user's statements in their records twice, counselling the service user about their options once, giving space to talk/offering validating/supportive statements three times, contacting a domestic abuse/sexual violence service provider once, and making a referral to another service and signposting five times.

Professionals also told us

"Since the training I have become more aware on how I speak to people."

"The Trusted Professionals' course has been very good and I have enjoyed being a part of it."

A manager said that what is going particularly well since the training is

"How we use language. Incident report improved. Debrief meetings and regular supervision for staff."



The Expert Voices framework and tools

Change That Lasts for independent specialist domestic abuse services is called the Expert Voices framework and service model.

During 2019, we worked with a team of specialist members (Stockport Without Abuse, Panahghar, West Mercia Women's Aid, Surviving Economic Abuse, Swindon Women's Aid, Apna Haq, Nottingham Women's Aid, East Surrey Domestic Abuse Service) to co-produce the framework, tools and training to pilot with a range of specialist services. The Voices pilot sites represent the diversity within the Women's Aid Federation of England, in size and specialism. All hold or are working towards the Women's Aid Federation of England or Imkaan Accredited Quality standards.

Delivery of the programme began in September 2019 with five women-only specialist domestic abuse services and two led by and for Black and Minority Ethnic women's specialist domestic abuse services. The Expert Voices framework and service model aims to improve workplace culture and reconnect frontline workers, managers and trustees with the needs-led, strengths-based, trauma-informed practice reflected in forty years of best practice delivery. This is done using three paper-based tools and a series of training sessions. The three tools are the Space for Action framework, a visual needs assessment and a reflective practice prompt. Whilst piloting, an action learning approach has been used allowing for reflection, learning and ongoing improvement of the Expert Voices framework.

As part of an action learning approach Women's Aid Federation of England received reflection reports from three women only specialist member services. These are a voluntary element of the programme with recognition that member services are already collecting data for an external evaluation, and as a result an additional reflection report could add to already high workloads and become burdensome.

From this sample of three member organisations a qualitative thematic analysis has been carried out to find out what members feel is working well and not so well when using the Expert Voices framework and tools. Three themes arose throughout each members' report.

1 | The difference the needs assessment tools makes

All three services described how the Expert Voices tools/approach adds something different to risk assessments. It allows more of a focus on the needs and strengths of the client.

One service said that the visual needs assessment tool, specifically the tree tool,

“starts casework in places that would never be covered by risk management, shows the emotional needs and where women want ‘healing’. It helps understand the deep psychological traumas of women.”

This is echoed by another service, where practitioners said that it allows them to

“sensitively discuss with the survivor key areas of their life which are not typically explored.”

The impact of the tools has been seen in the content of support plans, improved engagement from women accessing support and more disclosures of complex trauma. This feedback indicates that risk-based assessments limit what practitioners discuss, and that the Voices tools open up space to talk about more areas of a survivor's life. The third service described how it broadens out to focus on “the positives in women's lives and build upon their strengths” and is more led by survivors to enrich their journey of healing.

2 | How the Space for Action framework is working alongside the needs assessment tool

The Space for Action tool has “really helped the team to think about the different areas in which coercive control limits the survivor ability”.

Practitioners and clients are using it to “reflect on areas where they [the survivor] can increase their independence, freedom and safety”. This is one of the purposes of this tool, to bring all areas of a survivor’s life into the picture, and this is being translated into practice for this service.

This theme is also echoed in feedback about the tree tool, which staff at one service like because “it gives women the message that we’re interested in all areas of their lives”.

This feedback shows how both tools alongside one another are changing the relationship between the practitioners and survivors, as one service outlined, with clients being more in control, more parts of their lives being seen, and their strengths being built upon.

The third service describes the shift in approach:

“Risk management is about logical analysis – this is about connecting empathically to what’s been destroyed. That needs different skills.”

3 | Impacts on workforce culture

Increased reflective practice in staff teams was reported as a benefit of the programme and the reflective practice prompt tool, by all three services. The Gibbs’ reflective tool²⁶ was introduced by one service to all staff and volunteers. This has resulted in “very constructive conversations around reflective practice” and actions to improve how they work.

Another service mentioned that it has increased conversations around staff wellbeing and re-traumatisation, which is something they said they were not doing enough of. This service also described how it opened up spaces for practitioners to challenge others, describing how a member of staff flagged prejudice against Romany women which led to a discussion in the staff team.

Staff have also felt able to challenge victim-blaming positions from other external professionals they work with.

An area that two services have found challenging is that the language on the reflective practice prompt tool can be difficult for staff to understand and relate to.



Case Study

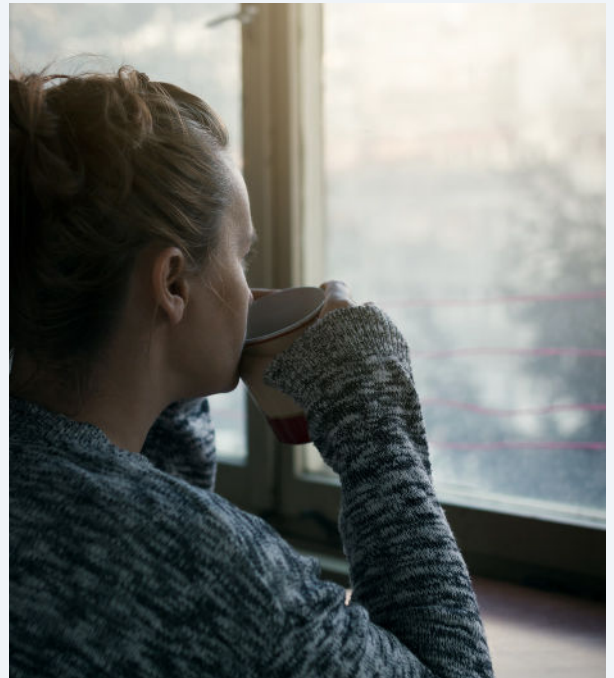
One service also provided a case study in their report. This is written by a practitioner and shows in a little more depth how the Expert Voices framework and tools are being used by practitioners and impacting on survivors.

“When I first began working with client M in the spring of 2019, she was quite insecure, had low self-esteem, and was reluctant to talk about the abuse she had suffered. M had been referred to us through attending the Freedom Programme. The traditional approach to casework has always been identify risk, minimise risk. However the steps between these are complicated and deeply personal to each and every client we work with. With M, this was no different. Although I had a brief summary of what she had experienced from the case notes uploaded by a colleague, I did not expect how severe the effect of the abuse was on M.

From our first meeting it was clear that M had been severely impacted by the long-term emotional, physical and sexual abuse she had experienced since she was a child at the hands of her current partner. She presented as softly spoken and very reluctant to talk about what had happened. Instead there were other aspects of her life that she felt took priority over talking about the ongoing abuse.

Over the next few sessions we began to explore the different obstacles that she felt blocked her from finding a way to lift herself and her children out of the situation. We started to look at how she viewed herself/consent, how she coped with the incidents that would happen, how to take a step back and recognise the cycle of abuse, her finances, her sexual health, how to help parent her children through the family life, how to reach out to those that looked to support her and most of all what she wanted from the future. Through addressing these various aspects of her life we were able to slowly build her confidence in her own decision-making and grow her self-esteem.

I received the Voices training in September 2019 and so the Tree of Strengths and Needs tool. This gave a perfect context for the work that M had already



been doing to help improve her circumstances. I introduced this tool to her soon after by bringing the colourful diagram to our appointment and she became visibly excited. At this point she had ended the relationship. M and her children had been able to stay in the family home with her now-ex-partner on bail conditions. She had sorted Universal Credit, reorganised all the bills in her name, was engaging with the police and was looking forward to Christmas with just her and the children.

She felt confident that she never wanted to resume the relationship ever again. I felt this was a good time to try and explore how she can move forward from just surviving to thriving. I explained that the way we do this is to look at the various “branches” of her life to see if there is a way to help build her skills. By doing this we could help her move her life in a direction that brought her happiness and fulfilment, in addition to the safety she’d work so hard for. She nodded enthusiastically and asked to take the diagram home with her to look at.

This case is still ongoing and while she continues to work on her situation, I believe this is a good example of how the Voices Tree of Strengths and Needs tool perfectly illustrates the holistic approach to support our survivors need in order to thrive.”

This case study illustrates how services are using these tools to open up space for their work to be survivor-led. It also illustrates the culture of continuous learning that is being developed, for example this service has done work to ensure that the perpetrator's responsibility is at the forefront, however there is still some responsibility placed on the woman to lift herself and her children out of the situation, which can have damaging implications.

Overall, practitioners are reporting that the visual needs assessment tools, especially the tree tool, are allowing more holistic support to be provided. This is by opening up space to speak about all areas of life and explore traumas. Practitioners also mentioned that support is led by survivors, "where women want 'healing'", and it focuses on "the positives in women's lives and builds upon strengths". This indicates that the visual needs assessment tool is needs led, strengths based and trauma informed.

Furthermore, there is an indication that the Space for Action tool alongside the visual needs assessment tool seems to be facilitating a shift in the way practitioners are engaging with survivors. From the quotes in the second theme there is an indication that survivors are more in control of the support they receive and practitioners are connecting more empathetically with survivors.

Finally, the Expert Voices framework and tools on improving workforce culture also seem to be having the intended impact. It is evident that this tool has provoked conversation. Findings also show that this work could be improved by improving the language on the reflective tool.

External evaluation of three geographical sites

As part of a joint Roadmap for Systems Change project with Safe Lives, the Connect Centre at the University of Central Lancashire (UCLAN) is leading an external evaluation of all three strands of the Change That Lasts programme in Sunderland, Surrey and Nottinghamshire. Data has been collected for two years of Ask Me and Trusted Professional delivery. External evaluation of Expert Voices began towards the end of 2019 and data collection is currently underway.

Ask Me

To evaluate Ask Me the Connect Centre aims to find out:

- 1 | "Who participates in Ask Me training and what facilitates their participation?
- 2 | Does Ask Me training increase participants' knowledge about DVA?
- 3 | Does Ask Me training increase skills in identifying DVA?
- 4 | Does Ask Me training increase confidence in responding to DVA?
- 5 | How does Ask Me training facilitate raising awareness of DVA in local communities?
- 6 | How is Ask Me training used by the participants with those in their communities experiencing DVA?
- 7 | Does Ask Me training increase participants' knowledge of local DVA services?"²⁷

Analysis of expression of interest forms and before/after training evaluation forms showed:

- "It remains overwhelmingly white heterosexual women who undertake the Ambassador role and this is usually facilitated by personal experience of DVA or by contact with survivors.

- Consistent with year one, immediately post training, Ask Me was found to increase skills in identifying DVA, particularly in respect of skills in identifying coercive control.
- The Ask Me training continues to increase confidence in responding to DVA immediately post training. More evidence is needed to see if this confidence is maintained long-term.
- The Ask Me training increased participants' knowledge about DVA in relation to gender, victim-blaming attitudes or stereotypes, and survivor expertise. Managing and addressing some participants' entrenched beliefs surrounding gender requires further consideration."²⁸

After analysing HAYGO forms external evaluators reported:

- "In total we received 52 HAYGO forms completed by 48 Ambassadors for a period of just over 12 months. We do not know if those who did not complete HAYGO forms were inactive or simply chose not to complete the forms.
- The Ambassadors returning HAYGO forms were predominantly female, with a mean age of 38/39 years. Half had completed higher education and most were employed in the public or third sectors. Most were tenants.
- There were no significant differences found between those who completed the training and those who returned HAYGO forms. Ambassadors returning EOI forms were more likely to be DVA survivors than those who originally expressed interest in the Ask Me training, but as noted in the previous report, it may be that DVA survivors were more likely to complete the training or that disclosures of personal experience of DVA take place as Ambassadors' relationship with the Ask Me intervention develops.
- The large majority of these Ambassadors felt confident to start a conversation around DVA with other people and rated their ability to understand patterns of coercive control and DVA as high or very high.
- Ambassadors reported having conversations addressing DVA since the Ask Me training. These conversations concerned both current and

historical abuse and Ambassadors reported that, for at least 87 people, this was the first time the survivor had talked about their experience of abuse. This indicates that the Ambassador role continues to facilitate disclosures of DVA.

- Ambassadors were involved in a number of awareness raising activities including discussing the training and their role as an Ask Me Ambassador; challenging victim-blaming or myths and stereotypes; putting up posters; and using the Ask Me materials such as the badge, lanyard or email footer.
- Ambassadors also continued to signpost survivors to local support services, but a small number of challenges were noted around this.
- Ambassadors identified a need for ongoing support to manage the challenges highlighted.
- A range of successes was identified which included supporting survivors, increased confidence and raising awareness of DVA through conversations.
- Since the previous report, a higher number of the active Ambassadors did not name local DVA services or organisations when specifically asked.²⁹

Trusted Professional

To evaluate Trusted Professional the Connect Centre aim to find out:

- 1 | "Who undertook the Trusted Professional training?
- 2 | How did the training impact on participants' understanding and knowledge of DVA (including coercive control)?
- 3 | What was the impact on the confidence and skills of working with DVA among participants?
- 4 | What facilitates or hinders practice when working with DVA?
- 5 | Is there evidence that participants have used the training in their professional role?"³⁰

After analysing Trusted Professional before and after training evaluation forms and carrying out

three-month post training telephone interviews, the Connect Centre identified the following key findings at the end of year two:

- "The training had an immediate impact regarding improving practitioners' understanding of: coercive control, the impact of trauma, and patterns of power and control in DVA.
- It remains unclear at this stage if rates of DVA identification increase among participants.
- As was found in year one, participants completing the pre and post training questionnaires reported that the training contributed to increased confidence and skills when working with DVA.
- The Trusted Professional training continues to enhance practitioner knowledge about why a service user might not disclose DVA. In addition to year one data, professionals indicated increased understanding around how their professional status and identity can make disclosure difficult.
- Knowledge around the needs of children impacted by DVA increased but there was less understanding of the ways in which disputes over child contact can result in a danger to children.
- There was improved knowledge in respect of their role in identifying and responding to DVA but rather less change in respect of understanding organisational policies on reporting DVA immediately post training.
- As was found in year one, confidence increased in several areas, including: making appropriate referrals for women and children who have experienced DVA; asking victims about perpetrators' behaviours; recognising coercive control and documenting.
- There were mixed responses with regards to calling the police about suspected DVA and there seemed to be little change when asking about DVA if they did not understand someone's culture.
- Parallel with year one, data analysis found increased knowledge of what to say or not say between pre and post training questionnaires. Participants reported that they knew more about

the questions to ask to identify potential cases of DVA following the Trusted Professional training.

- Follow-up support is being provided to professionals, as recommended in the year one report.
- Substance misuse and mental health services are yet to participate in the updated intervention."³¹

They also concluded, "As was found in year one, confidence increased in several areas. Confidence was seen to increase around making appropriate referrals for women and children who have experienced DVA. Participants reported that they knew more about the questions to ask to identify potential cases of DVA following the Trusted Professional training. For both cohorts the Trusted professional training contributes to understanding of DVA. The tools introduced during the updated Trusted Professional training were cited as particularly useful, for example, the Space for Action tool was cited as valuable and this feedback was noted in the training observations."³²

Expert Voices

The Connect Centre's research questions to evaluate the Expert Voices programme are:

- 1 | "What do staff understand the Expert Voices approach to be?
- 2 | What are staff experiences of working with the Expert Voices approach?
- 3 | What are the facilitators and barriers to implementation?
- 4 | Which women access the Expert Voices intervention?
- 5 | What are women's experiences of receiving the Expert Voices intervention?"³³

Learnings from evaluation and programme development

Whilst piloting Change That Lasts, an action learning approach has been taken in which continuous improvements have been made from evaluation and feedback.

This section provides an overview of the improvements that have been made from December 2018 to December 2019.

To improve and develop Ask Me, Women's Aid has worked with Welsh Women's Aid, member services, Community Ambassadors and external evaluators. A significant amount of time has been spent reviewing the training material to increase representation of the lived experiences of marginalised women and communities. The team has reviewed the safety and boundaries of the programme and worked on strengthening the core values of self-care and safety.

Evaluation processes have been made easier for programme participants. As we moved to a dispersed delivery model, delivering through local members, investment has been made in handbooks, train the trainer, induction and quality assessment of the programme.

For Trusted Professional there has been a shift to a pattern-based understanding of domestic abuse and coercive control, leaning heavily on the voices of women and the Space for Action concept. A reflection module has been designed around perpetrators which uses observations about perpetrators in the best interest of survivors. Additional resources have been created for Trusted Professionals to ensure continuous training and development e.g. a Trusted Professional language guide. Training modules have been made more robust by linking to research, evidence and best practice. The programme has been developed into a 'whole system' approach to maximise the learning from the training with participants, and enable the cultural shift in organisations.

As Expert Voices delivery began towards the end of the year, the developments to that strand of work have not been captured in this time period.

Conclusions

Change That Lasts as a programme

1 | The Space for Action framework and tool is facilitating a needs-led, strengths-based, trauma-informed approach.

The Space for Action framework and tool used in Ask Me, Trusted Professional and Expert Voices is opening up space for survivors to allow for more holistic early intervention support. This support approach moves from a crisis-driven to a needs-led offer.

2 | Findings are showing how each programme can link with one another to provide survivors with the right response first time.

Community Ambassadors and Trusted Professionals are sharing information and signposting to specialist member services who are able to provide more long-term expert support. If this is a member service trained in the Expert Voices framework and tools it can open up space for those survivors to further build on their strengths and healing from traumas due to access to trauma-informed support.

Ask Me

1 | Following training, Community Ambassadors have a high level of knowledge and understanding on the gendered nature of domestic abuse and its causes; victim-blaming stereotypes, beliefs and myths; and confidence in themselves and their skills to respond to domestic abuse. As a result, they are given the ability to take the role of a Community Ambassador forward.

Overall, Community Ambassadors' confidence in talking about domestic abuse, skills to respond to someone sharing their personal experience of domestic abuse, and skills to share information and signpost a survivor to support changed from an average score of 'okay' before training, to an average score of 'high' to 'very high' after training. Additionally, the majority of victim-blaming stereotypes, beliefs and myths held before

training, shifted after training to show significant numbers of Community Ambassadors holding higher levels of knowledge and understanding.

This is likely to reflect the fact that knowledge and understanding, confidence and skills in responding to domestic abuse is generally low in society.

After attending training, however, this changes for most participants. This shows that the training has given Community Ambassadors the ability to raise awareness of domestic abuse, challenge victim-blaming stereotypes and myths around domestic abuse; listen, believe and validate survivors' experiences; share information and signpost survivors to access support.

There were two questions in which the training evaluation forms did not show as much of a shift: 'Men find it more difficult than women to come forward as domestic abuse victims' and 'domestic abuse is part of some Black and minority ethnic people's culture'. This is likely to at least partially reflect the entrenched nature of these beliefs in society. However further work is required to ensure that questions looking to capture this shift are clearly worded.

2 | Further work is needed to expand the demographic diversity of the Community Ambassador network.

The majority of Community Ambassadors being White/White British heterosexual able-bodied women has been identified by Women's Aid Federation of England and external evaluators. Although training materials have been reviewed to ensure representation of the lived experiences of marginalised women and communities, further work is required, together with specialists who hold led by and for expertise, to review the accessibility of the Ask Me programme for lesbian, bisexual, transgender, queer, intersex and asexual (LBTQIA), disabled, Black and minoritised people. It is positive that the programme has been accessible for those with caring responsibilities.

3 | Community Ambassadors are widening survivors' accessibility to support.

From the snapshot that HAYGO forms provide it is clear to see from the number of Community Ambassadors that responded in relation to the number of survivors they connected with, Community Ambassadors are connecting with a significant amount of survivors. Often this is the first time a survivor has spoken about the abuse, and they are often a family member or friend. Research also shows that in the majority of cases friends and family members of domestic abuse survivors know about the abuse and that they form a network of support for survivors.³⁴ This indicates that Ask Me is successful in meeting its objectives as an early intervention approach.

As well as connecting with immediate family and friends, Community Ambassadors are connecting with a range of survivors in their day to day networks and spaces. This includes survivors where the abuse has happened in the past. This also includes survivors who are and/or have experiencing/ed domestic abuse over a range of different years, sometimes 10+ years. This shows that Community Ambassadors are widening access to support for a range of survivors as well as contributing to ensuring early intervention.

4 | Awareness-raising activities are building safer spaces.

252 Community Ambassadors completed HAYGOs, in which they demonstrated that they were using their training to have an impact in their communities.

The wide-ranging types of spaces that Community Ambassadors work within in their daily lives, coupled with the many different awareness-raising activities they do, indicate that Ambassadors have a wide reach. As a result they are challenging cultural acceptance of domestic abuse at a community level, which also contributes to early intervention and prevention of domestic abuse.

Trusted Professional

1 | Following training, the majority of professionals hold good levels of understanding in the gendered nature of domestic abuse, applied knowledge and awareness of domestic abuse and confidence in their skills to respond to domestic abuse.

It has been identified by external evaluators and Women's Aid Federation of England that the training improves professionals' understanding, applied knowledge and awareness, and confidence in their skills to respond to a survivor.

More specifically, findings on confidence in skills show that professionals feel they have the skills to use in their everyday roles. Furthermore, the increased understanding of survivors as experts of their own experience is likely to facilitate a more strengths-based support. This shows that the training is successful in providing practical and applicable skills.

Three questions did not show improved understanding; understanding how disputes over child contact can result in danger to children and the non-abusive partner, 'it is better to not ask about domestic abuse if I worry about not understanding someone's culture' and understanding of organisational policies. Further work is required to improve professionals' understanding on these subject areas.

2 | There is an indication that training and development is being applied to professionals' roles three months post training.

The first few HAYGO responses that we have received indicate that skills have been put into practice and in a gendered, needs-led, trauma-informed way. They also suggest that a whole organisation approach is working, as systemic changes reported were changes in language, improvements in incident reporting, debrief meetings and regular supervision for staff. However the data on this is still very limited.

Expert Voices

- 1 | There are indications that the needs assessment tool, alongside the Space for Action framework, are providing wider impacts for survivors in comparison to risk-based frameworks and tools.**

The needs assessment tool, alongside the Space for Action framework, is opening up space to speak about more areas of a survivor's life that are important to keeping survivors safe and healing from trauma, in comparison to the risk assessment tool. Additionally, both tools are allowing space for the survivor to be in control of their support journey. This is an early indication that the Expert Voices framework and tools are benefitting survivors more than risk-based frameworks and tools.

- 2 | There are indications that the reflective practice tool is sparking conversations within workforces. However, further**

enquiry to find out why workers find the language of the tool difficult to understand and relate to would be useful.

From reflective reports there are early indications that the reflective practice tool is having an impact on staff being more reflective. Additionally, it seems to be sparking conversation in the workforce. However, it was found language is difficult to understand and relate to. Further work to find out why staff feel it is difficult to understand and relate to would be useful.

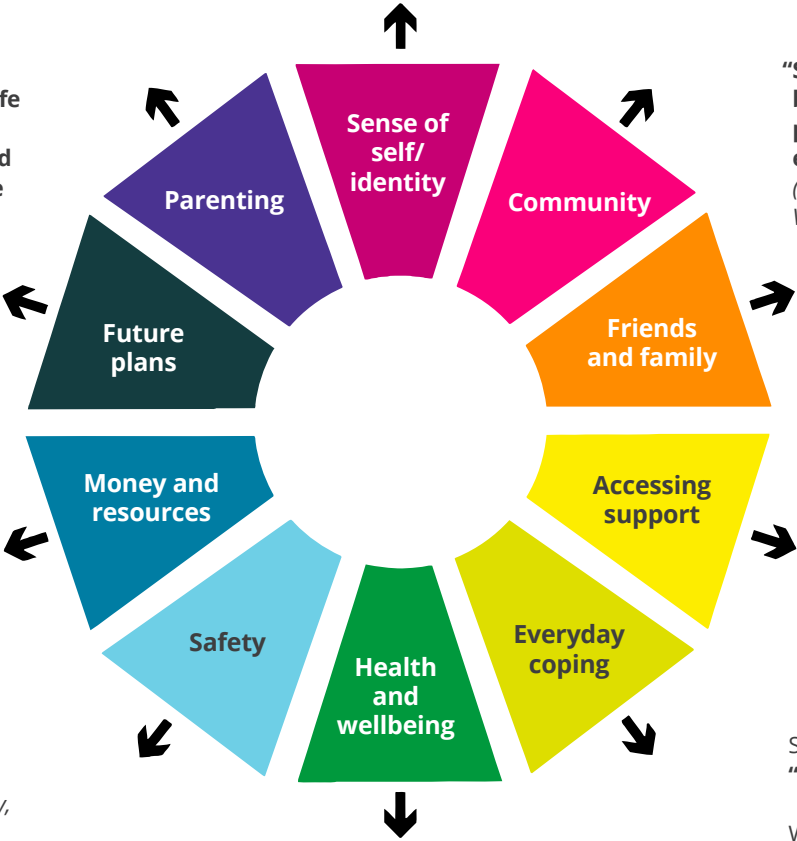
- 3 | Overall, there are strong indications from early reports, that the Expert Voices framework and tools are reconnecting specialist domestic abuse services to a holistic, needs-led, strengths-based, trauma-informed approach to support.**



Appendices

Appendix A: Space for Action framework

The ten domains or areas of a survivors life where her space for action can be narrowed as a result of coercive control



“Simply living in the body of an oppressed person is traumatic and exhausting”
(Women Making Waves Volume 18, Issue 3, 2007)

Diagram adapted by Women's Aid with permission from Liz Kelly, 2014

Support to increase her “Space for Action”
What freedoms and restrictions does she have?

Appendix B: Ask Me Community Ambassadors' demographic profile

Below data encompasses all 586 expression of interest forms received during the period December 2018 to December 2019. The totals in the below tables represent 586 Community Ambassadors, unless stated otherwise.

Gender	% of respondents
Woman	88.1%
Man	3.4%
Non-binary	0.3%
I'd rather not say	0.5%
Blank	7.7%
Grand total	100.0%

Do you identify as trans/ transgender or have a trans history?	% of respondents
Yes	0.2%
No	91.1%
I'd rather not say	1.0%
Blank	7.7%
Grand total	100.0%

Age range	% of respondents
18-24	8.9%
25-34	16.7%
35-44	23.0%
45-54	22.5%
55-64	10.9%
65+	5.3%
Blank	12.6%
Grand total	100.0%

Do you consider yourself to have a disability according to the definition in the Equality Act?	% of respondents
Yes	9.0%
No	81.6%
I'd rather not say	2.0%
Blank	7.3%
Grand total	100.0%

Ethnicity	% of respondents
Arab	
Italian/Arab	0.2%
Jordanian	0.2%
Asian/Asian British	
Asian/Asian British	0.7%
Bangladeshi	1.0%
Chinese	0.2%
Indian	2.6%
Pakistani	1.4%
An Asian background, please describe	0.7%
Black/African/Caribbean/Black British	
Black/African/Caribbean/Black British	1.2%
African	1.2%
Caribbean	0.7%
A Black/African/Caribbean background, please describe	0.2%
Mixed/Multiple ethnic groups	
Mixed/Multiple ethnic groups	0.5%
White and Asian	0.9%
White and Black African	0.0%
White and Black Caribbean	0.2%
A mixed/multiple ethnic background, please describe	0.7%
White/White British	
White	11.1%
English/Welsh/Scottish/ Northern Irish/British	59.7%
Irish	0.7%
Gypsy or Irish Traveller	0.0%
A White background, please describe	2.2%
None of the above, please describe	2.7%
I'd rather not say	0.2%
Blanks	11.1%
Grand total	100.0%

Faith/religion	% of respondents
Agnostic	0.3%
Blank	21.7%
Buddhist	0.9%
Christian	21.5%
Church of England	3.9%
Hindu	1.2%
I'd rather not say	3.1%
Jewish	0.5%
Muslim	5.1%
N/A	2.2%
No faith/no religion/atheist	32.6%
Roman Catholic/Catholic	3.2%
Sikh	0.7%
Spiritual	2.4%
Yes I have faith/religion	0.3%
Grand total	100.0%

Faith/religion	% of respondents
I have a faith/religion	48.5%
No faith/religion	35.3%
Blank/I'd rather not say	16.2%
Grand total	100.0%

Sexual orientation	% of respondents
Asexual	0.3%
Bisexual	3.8%
Bisexual/pansexual	0.2%
Pansexual	0.3%
Gay man/gay woman/lesbian	1.0%
Heterosexual/straight	78.3%
I'd rather not say/N/A/Not sure	6.5%
Blank	9.6%
Grand total	100.0%

Do you have any caring responsibilities?	% of respondents
Yes	45.1%
No	41.6%
Blank/I'd rather not say	13.3%
Grand total	100.0%

Which caring responsibilities	% of responses (277)
Yes, caring for an elderly or disabled person (not as part of paid work)	19.9%
Yes, children under the age of 5	18.1%
Yes, children under the age of 18	62.1%
Grand total	100.0%

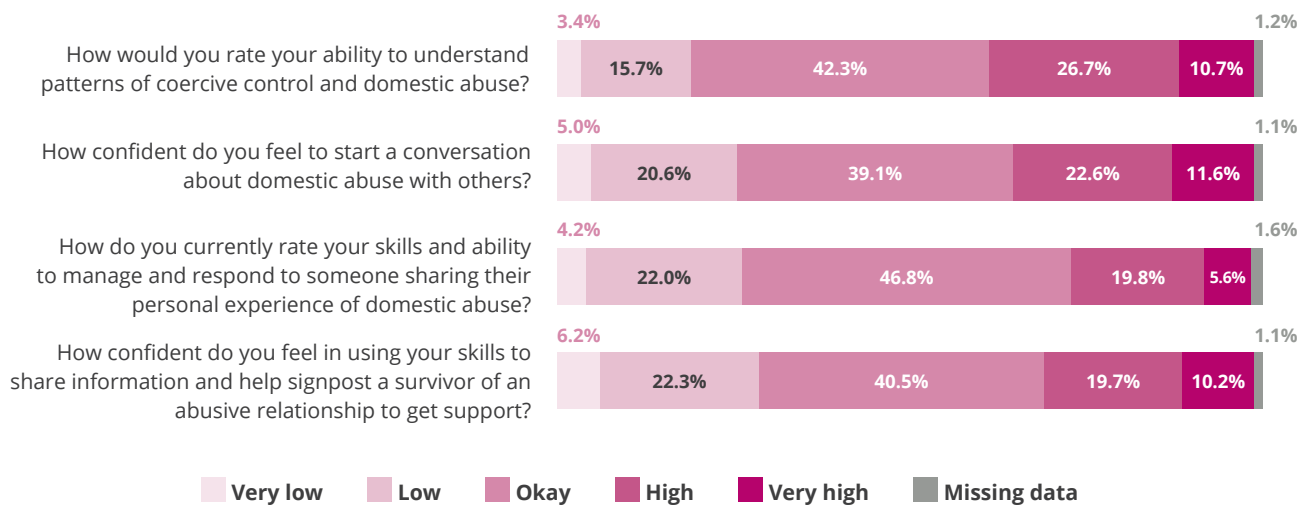
Note: These are percentages of responses rather than respondents. This is due to the fact some people have more than one caring responsibility.

Employment status	% of responses (597)
Homemaker	2.8%
Student	8.4%
Blank	11.2%
Employed	3.7%
Full-time employed	26.5%
Other (please specify)	4.7%
Part-time employed	20.9%
Retired	5.4%
Self-employed	7.5%
Unable to work	1.7%
Unemployed	3.9%
Volunteer	3.4%
Grand total	100.0%

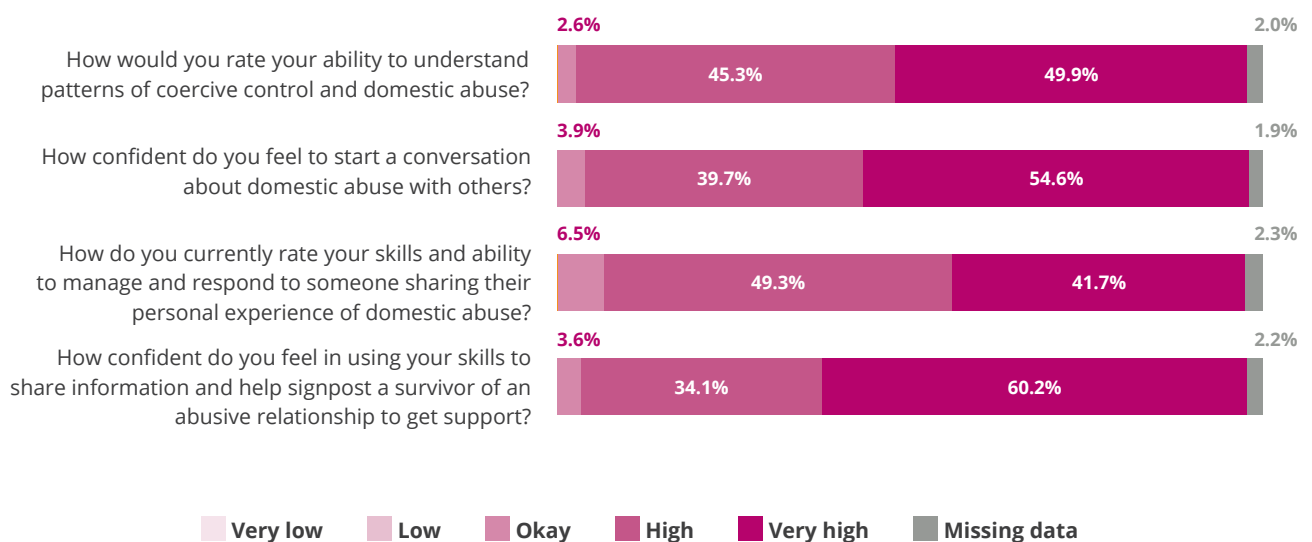
Note: These are percentages of responses rather than respondents. This is due to the fact some people have more than one job.

Appendix C: Community Ambassadors' ratings of understanding, confidence and skills in responding to domestic abuse before and after training

Self ratings before training

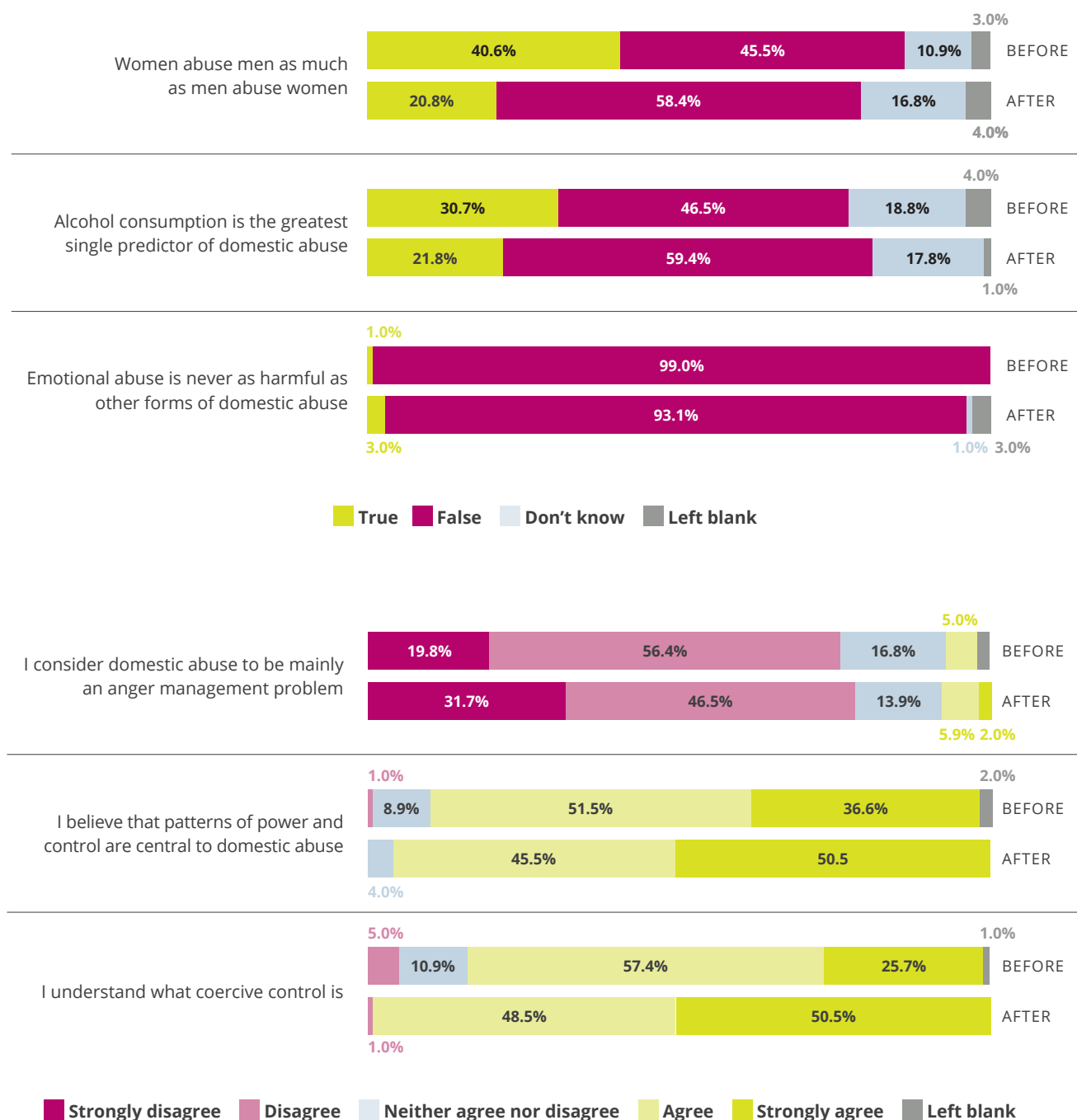


Self ratings after training



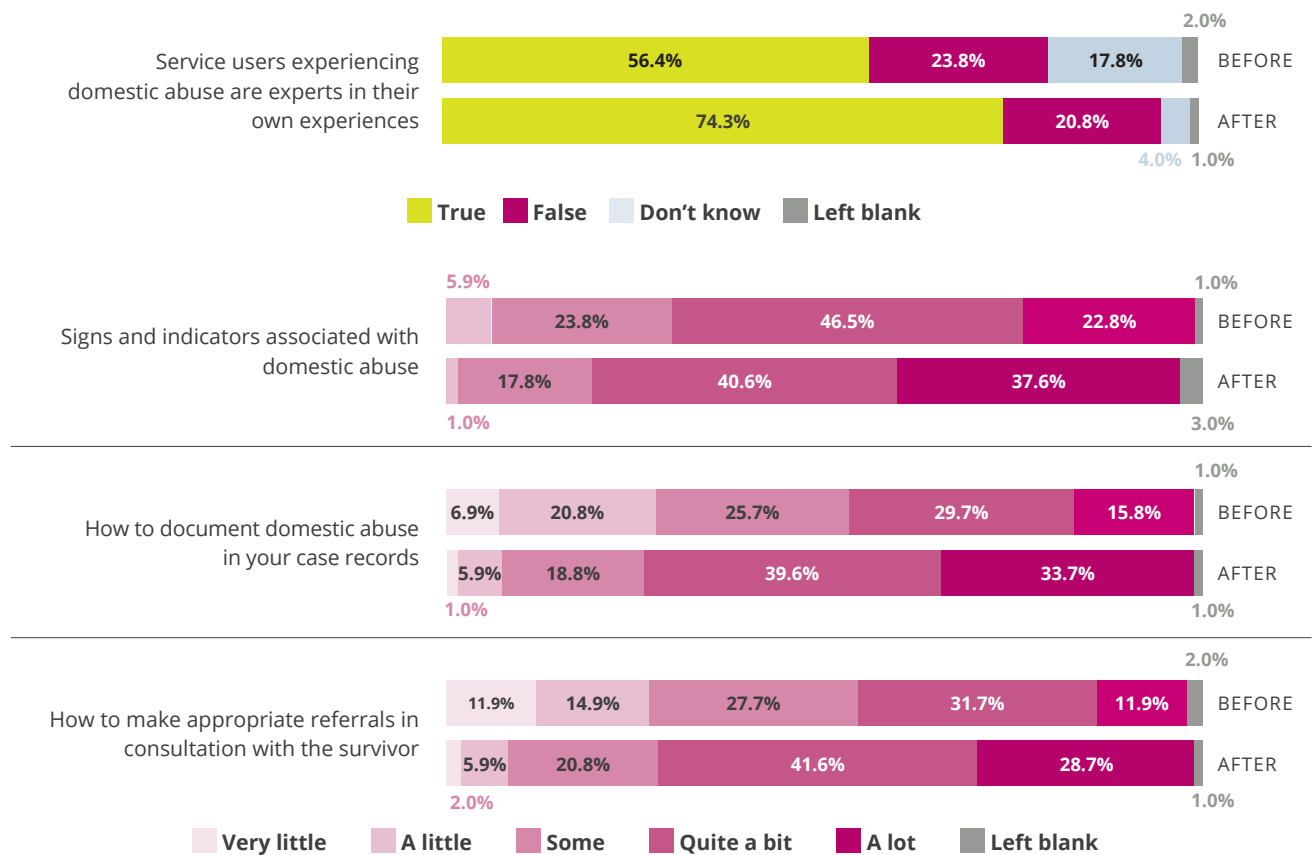
Appendix D: Professionals' (1) Understanding the gendered nature of domestic abuse and (2) Applied knowledge and awareness before and after training

1 | Understanding the gendered nature of domestic abuse (before and after training)

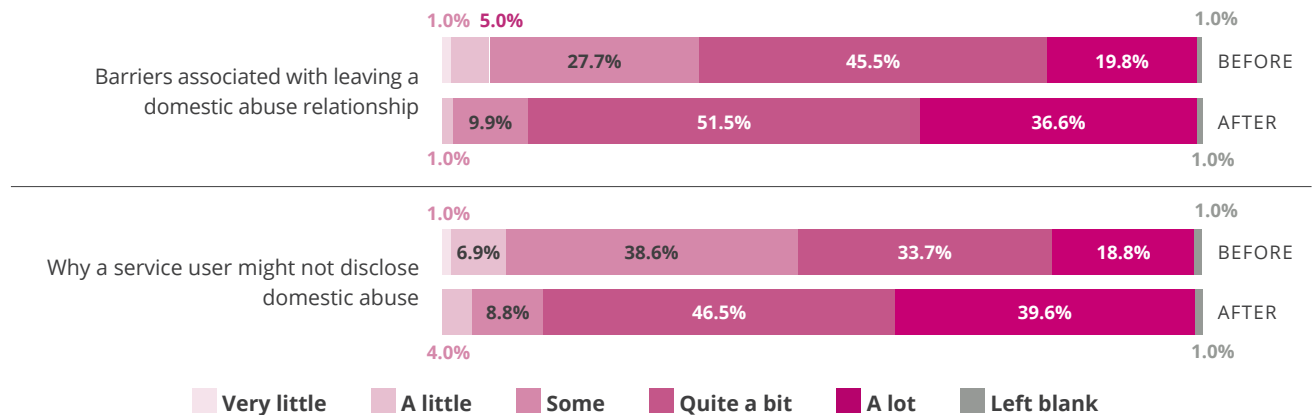


2 | Applied knowledge, understanding and awareness (before and after training)

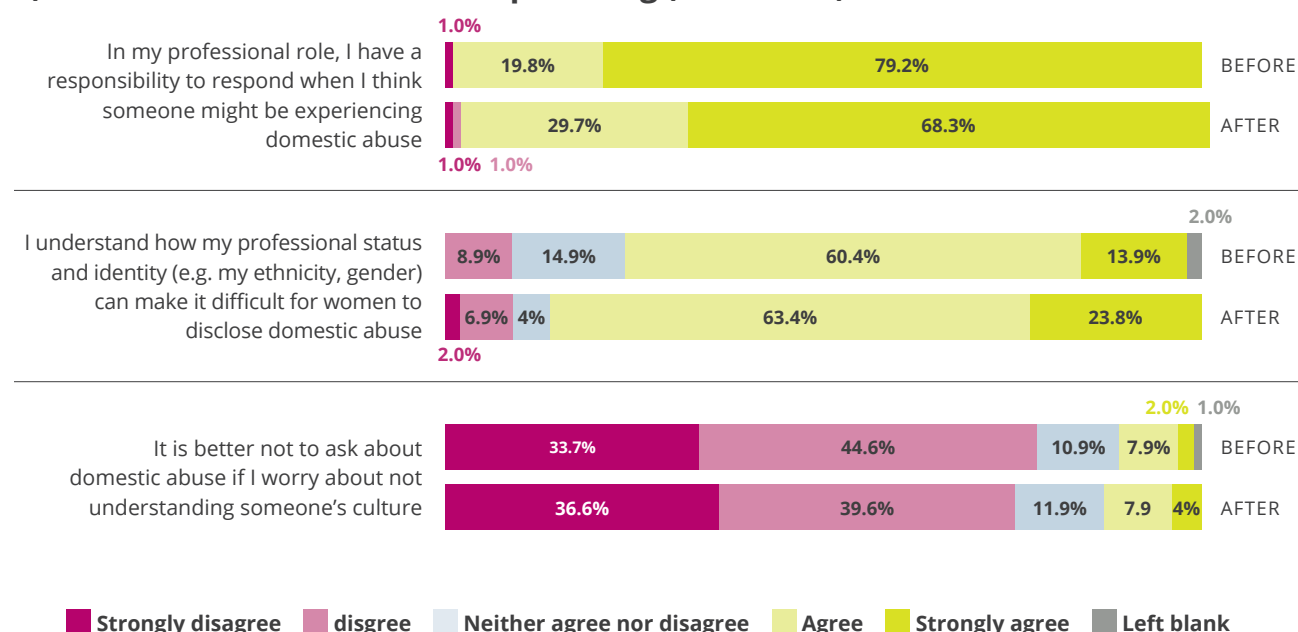
a) Being survivor centred



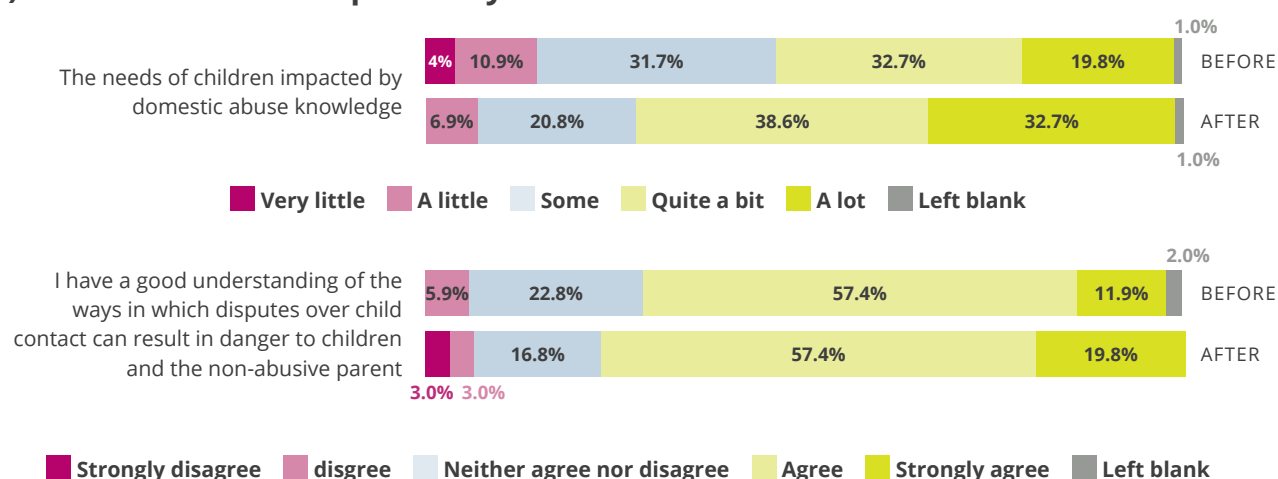
b) Barriers to disclosure and help seeking



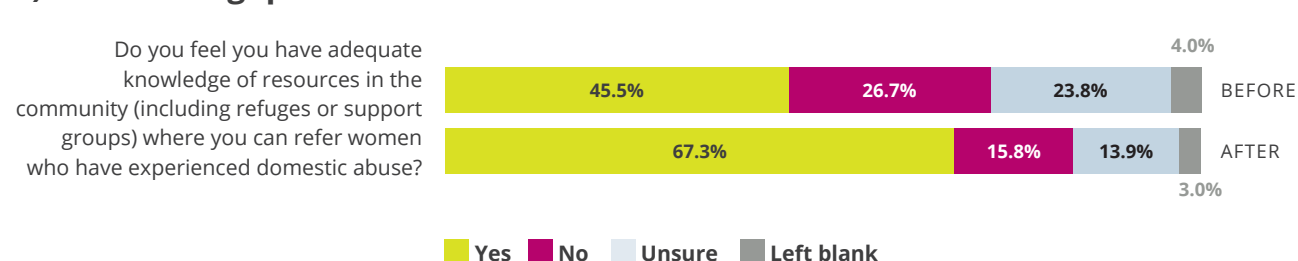
b) Barriers to disclosure and help seeking (continued)



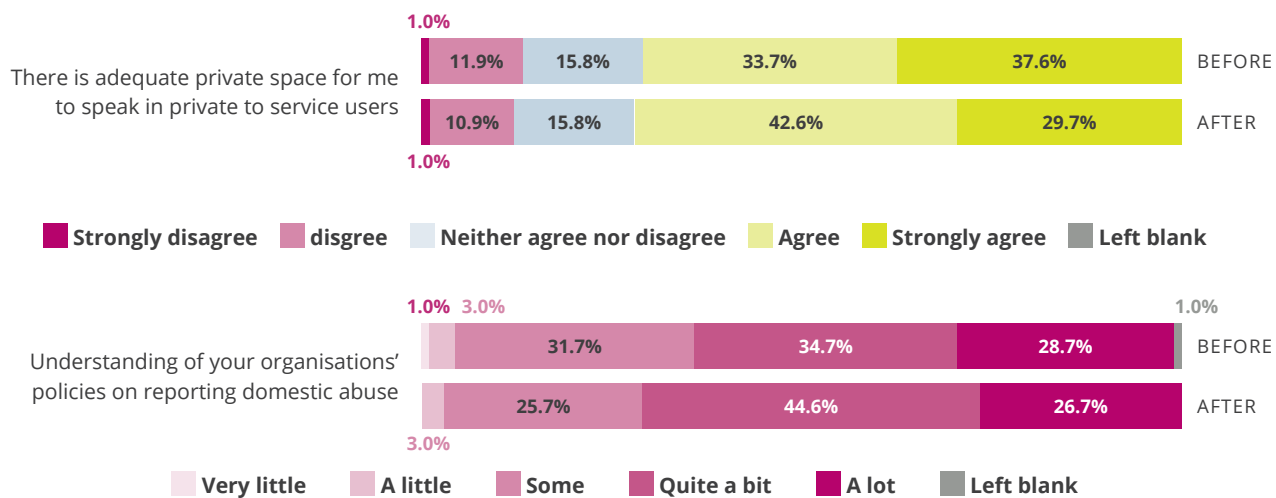
c) Needs of children impacted by domestic abuse



d) Where to signpost to



e) Organisational policies and practices



References and notes

- 1 Kelly, Sharp and Klein (2014). Finding the Costs of Freedom. How women and children rebuild their lives after domestic violence. For a diagram of the framework please see Appendix A.
- 2 Women's Aid Federation of England (2017). Understanding domestic abuse: findings from On Track. Accessed via: <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2017/07/On-Track-Infographic-PDF.pdf>
- 3 Standing Together Against Domestic Violence (2016), 'Domestic Homicide Review (DHR) case analysis'.
- 4 Women's Aid Federation of England (2019), 'Law in the Making: Experts by Experience. Priorities for a Domestic Abuse Bill', p. 4.
- 5 Debbonaire, T. (2011), 'Assessing Risk in Domestic Violence Cases implications for safeguarding and Family Court work; Hester, M. (2012), 'Portrayal of Women as Intimate Partner Domestic Violence Perpetrators', *Violence Against Women*, Volume 18 (9): 1067-1082.
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- 7 Ibid.
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- 9 Wilson, T. et al (2013), 'Unemployment and Domestic Violence: Theory and Evidence'; Kelly, L. et al (2014), 'Finding the Costs of Freedom: How women and children rebuild their lives after domestic abuse'.
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- 11 Paterson, S. (2009), '(Re)Constructing women's resistance to woman abuse: Resources, strategy choice and implications of and for public policy in Canada', *Critical Social Policy*. Volume 29(1): 121-145.
- 12 Coy, M. and Kelly, L. (2011), 'Islands in the stream: An evaluation of four London independent domestic violence advocacy schemes'. London: Trust for London and the Henry Smith Charity.
- 13 Jewish Women's Aid, as a specialist led by and for minoritised women's organisation trained only Jewish people. They asked two additional questions in the expression of interest form, "How would you describe your ancestry" and "How would you describe your Jewish observance". To prioritise the highest level of confidentiality and anonymity we have not included specific ancestry or observance.
- 14 Note that these are percentages of responses rather than respondents. This is due to the fact some people have more than one caring responsibility.
- 15 The highest option to select for this question is 10+. Many Community Ambassadors selected 10+ therefore this number is represented with a plus sign. This number captures the minimum amount of times this activity occurred.
- 16 Ibid.
- 17 Data from December 2018 to December 2019 collected from a Women's Aid Trusted Professional log used for admin purposes. For professional trained before December 2018 data collected from previous funder reports and cross checked with previous impact briefings.
- 18 One professional did not go on to be considered a trusted professional. This data has been gathered from an internal Trusted Professional log used for administration purposes.
- 19 UCLAN (January 2020). Report on Trusted Professional Training 2019.
- 20 Ibid.
- 21 Ibid.
- 22 Ibid.
- 23 Ibid.
- 24 Ibid.
- 25 UCLAN (January 2020). Report on Trusted Professional Training 2019.
- 26 Gibbs, G. (1998). Gibbs' Reflective Cycle. More information can be found: <https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle>
- 27 UCLAN (November 2019). Roadmap Evaluation Interim Report.
- 28 UCLAN (February 2020). Ask Me update report.
- 29 UCLAN (June 2020). Ask Me HAYGO Report Year 2.
- 30 UCLAN (November 2019). Roadmap Evaluation Interim Report.
- 31 UCLAN (January 2020). Report on Trusted Professional Training 2019.
- 32 Ibid.
- 33 UCLAN (2019). Updated Research Plan.
- 34 Fanslow, J., & Robinson, E. (2010). Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *Journal of Interpersonal Violence*, 25, 929-951; Parker, G., & Lee, C. (2002). Violence and abuse: An assessment of mid-aged Australian women's experiences. *Australian Psychologist*, 37, 142-148; Sylaska, K., & Edwards, K. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence & Abuse*, 15, 3-21.

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